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## ORIGINAL COMMUNICATIONS.

ART. I.—*Report from the Medical Wards of the Illinois General Hospital.*  
By N. S. DAVIS, M.D., one of the Physicians to the Hospital, and Prof.  
of Pathology, Practice of Medicine, and Clinical Medicine in Rush Medi-  
cal College.

(Concluded from last Number.)

Mr. H., aged 22 years, was admitted to the hospital June 28th, after having been sick little more than one week.

Present condition: cheeks deeply flushed and hot; skin generally dry and above the natural temperature; eyes injected and heavy; lips, mouth and tongue dry; the latter covered in the middle with a dark brown fur; pulse 100 per minute and easily compressed; breathing short and oppressed; mixture of dry and moist bronchial rales with dulness on percussion over the inferior and posterior portions of the lungs; abdomen moderately distended and tympanitic, with slight tenderness to pressure in the umbilical region; dark liquid evacuations from the bowels from three to six times a day for several days past; urine scanty and high colored; mind dull, with slight wandering at times. He was ordered beef tea well salted for nourishment, and the emulsion of oil of turpentine, (the formula already given) and laudanum in doses of one fluid drachm every three hours. The next morning he was found expectorating more freely, discharges from the bowels less frequent, and the frequency of the pulse and

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heat of skin diminished. Complained of feeling weak. Continued the same treatment with the addition of two grains of quinine to each dose of the emulsion. The third day the bowels were less tympanitic and the discharges less liquid, pulse 90 per minute and weak, tongue and mouth more moist, but breathing still short and oppressed. Ordered the emulsion and quinine continued every four hours with a teaspoonful of the following expectorant between each dose, viz.:

R Compound Honey of Squills and Senega, ℥j.

Tinct. Opii. et Camph.

℥j. Mix.

On the morning of the fourth day there was an entire intermission in the general febrile symptoms, the skin, mouth, and tongue being moist, pulse only 85 per minute, though feeble, and expectoration free, presenting a muco-purulent character. Abdomen still slightly tympanitic, with two or three discharges during the last twenty-four hours. Ordered the emulsion continued every four hours with only two doses of quinine of 3 grs. each, given during the forenoon. Omit the expectorant, and allow in addition to the beef-tea, boiled milk and flour once or twice a day.

On the fifth day I learned that the patient had a slight return of fever during the previous afternoon, but is still further improved to-day. Directed the same treatment to be continued with the addition of an infusion of *lycopus virginicus*, given in doses of a wine glassful four times a day. This treatment was continued until the eighth day after admission, when the bowels had become regular, the respiration free, and the convalescence complete. Being much debilitated with some remaining expectoration, I ordered him to continue the *lycopus virginicus* in the form of infusion, and moderate doses of tinct. cinchonæ and tinct. valerian, equal parts, as a tonic. From this time he continued daily to improve in strength and appetite, and was discharged well the following week.

This was a well marked case with severe intestinal and moderate pulmonary complication. In the advanced stages of those cases where the lungs are more extensively involved, I have used, in addition to other remedies, an infusion of the *lycopus virginicus* with the rad. senega, with very good effects. On the other hand, when the cases have come into the hospital during the first week of their

progress with marked pneumonic inflammation or congestion, I have used for twenty-four or forty-eight hours a powder composed of tartarized antimony, one-sixth of a grain, pulv. opii., one grain, and calomel two grs., every three or four hours, not only without injury, but with the best effects.

It is proper to remark, however, that the action of antimony and calomel must be very carefully guarded and, continued only for two or three days at longest, or they will induce a troublesome degree of intestinal irritation, requiring the prompt use of the emulsion of turpentine and laudanum to check.

In a few instances I have found a pill, composed of opium one grain and nitrate of silver half a grain, to control the intestinal affection, better than the emulsion. In other cases where the general typhoid symptoms were strongly marked in connection with intestinal disease, I have found the emulsion, the nit. argent., and opii., both to fail when fifteen or twenty grain doses of common salt, combined with from one to two grains of opium, and repeated every three or four hours, has promptly checked the progress of the disease and determined an early convalescence.

The reader will infer from the foregoing that I am neither an advocate of simple *expectancy* in the treatment of continued fevers, nor a believer in the absolute necessity of having them run a specific course of from three to six weeks' duration.

It may be worthy of remark, that one of the cases recorded as typhus, when admitted into the hospital about the end of the first week of the disease, was universally covered with *sudamina* so copiously, that it caused a general desquamation of the cuticle. The same case also presented diffused inflammation of the pharynx and tonsils.

Of the eight cases of dysentery treated, a large majority were admitted in the advanced stage of the disease, when the general symptoms had put on a distinct typhoid character, and more or less purulent matter was mixed with blood in the discharges. In such cases the general course of treatment was very similar to that already detailed as applicable to the strongly intestinal cases of typhoid fever; to which was added the frequent use of cold water and laudanum in the form of enemas, and sometimes blisters over the abdomen.

In two cases the efficacy of pretty large doses of opium was tested. They were both admitted during the first week after the commencement of the disease, and the discharges were very frequent, consisting of mucous streaked with blood, and accompanied by much pain and fever, but not of a typhoid character. They were each ordered *three* grains of opium at bed-time. This dose produced entire suspension of the discharges and pain during the whole night; the patients also slept soundly and sweat freely, expressing themselves as feeling much better in the morning. Discharges of the same character as at first returned during the day, but without much pain. The same quantity of opium was given the second night and with precisely the same effects as before, but the discharges returning again the next morning, one of the patients was put upon a pill of nitrate of silver one-third of a grain, and opium one grain, every three hours, with a blister over the transverse arch of the colon which was tender to pressure, and the other patient was put on the emulsion of turpentine and laudanum with two grs. of quinine added to each morning dose, and both recovered. In a few cases presenting strongly marked typhoid symptoms, with discharges of bloody serum rather than mucous, I have found the chloride of sodium and opium most promptly beneficial in arresting the discharges and determining convalescence. In such cases I generally give fifteen grs. of common salt, with from one to two of opium at one dose, and repeat it every two, three or four hours, according to the frequency of the discharges.

One of the cases included under the head of dysentery, and which terminated fatally, is perhaps worthy of a more detailed notice :

Mr. C., aged about forty years, native of Ireland, was admitted into the hospital about the 20th of December, with very extensive chronic Eczema. He stated that he was attacked with the intermittent fever during the autumn previous, which continued several weeks, during which time the eruption made its appearance over the surface of the body. At the time of admission his pulse was 90 per minute and feeble, lips pale; bowels regular as to time, but evacuations liquid; some thirst, and digestion impaired. An eruption of eczematous vesicles existed over the entire cutaneous



surface. From the knees to the ankles and across the lower part of the abdomen, including the groins, the skin presented a continuous red surface, from which oozed constantly a yellow serous fluid that by evaporation formed thin yellow scabs. Over the rest of the surface the eruption was more diffused, but everywhere it was accompanied by an intolerable itching. He was ordered the persesqui nitrate of iron in doses of eight drops three times a day, with a wash to apply to the skin twice a day, consisting of bichloride of mercury one grain, and water one pint. This treatment was continued until the 7th of January, with a very moderate degree of improvement. The patient complained, at times, of much burning or sense of heat in his stomach, and the evacuations from the bowels remained liquid. He was now ordered a pill composed of one-twentieth of a grain of arsenious acid with half a grain of opium each morning, noon, and night, and a wash consisting of a weak solution of chloride of lime. The next morning he was found with active diarrhoea, accompanied by an inordinate burning sensation throughout the alimentary canal, with redness and dryness of the mucous membrane of the mouth. The pills were omitted and the patient directed to take two grains of opium every three hours until the diarrhoea ceased.

Jan. 9th. The opium did not arrest the discharges which continue frequent, and this morning present a dysenteric character, being composed chiefly of mucous streaked with blood. Directed a powder composed of pulv. opii. one grain, and acetate of lead two grains, to be given every four hours, with a teaspoonful of the emulsion of oil turpentine and laudanum between each dose.

10th. Discharges continue the same as yesterday, and are accompanied by most severe *scalding* pain. Continue the same treatment; and direct an enema of cold water four oz. and tinct. opii. one drachm morning and evening.

11th. No improvement. Tongue and mouth very red; scalding pain in the abdomen very severe. Directed a pill composed of nitrate of silver one-fourth grain and ext. hyosciamus two grains every three hours; an enema of sulphate of iron twenty grains to the pint of cold water, and a blister over the epigastrium.

12th. Discharges still continue and accompanied by much pro-

tration. The pulse feeble and frequent, with coldness of the extremities. Directed brandy punch alternated with carb. ammonia internally, and an enema of nitrate of silver in the proportion of five grs. to the oz. of water, but it produced no effect and the patient died the following morning.

*Remarks*—Consent for a post-mortem examination could not be obtained; but from the appearance of the mucous membrane of the mouth and fauces, and the peculiar burning or scalding nature of the pain, apparently through the whole alimentary canal, I have no doubt but there was a direct extension of the cutaneous disease to the mucous membranes. I say *extension*, because there was no recession of the eruption from the surface. It continued its usual appearance externally up to the last day of life. That the intestinal disease was truly an extension of the cutaneous one, and not simple complication of dysentery, was further corroborated by the fact that the eczematous eruption extended from the face over the pro-labia into the mouth, and from the lower part of the abdomen to the verge of the anus.

*Cholera Morbus*.—Of the six cases registered as cholera morbus, or serous diarrhoea with vomiting, none proved fatal, though one was in a state of collapse when brought in, and the re-action was followed by a most severe and obstinate dysentery. Two of the cases bore all the characteristic features of *epidemic cholera*, including the cramps, rice-water discharges, &c.

*Pneumonia*.—Eleven cases were registered under this head, three of which proved fatal. Of the latter, one was admitted Jan. 28th, with extensive pneumonic inflammation, complicated with enlargement of the liver and spleen, and oedema of the extremities. His pulse was feeble and respiration very difficult. He died the following day, aged 20 years. This case was evidently the sequel of severe periodical fever during the autumn previous.

The second fatal case was that of a German, aged 60 years, admitted April 5th, and died on the 7th of the same month. He was too much exhausted to give any reliable account of the length of time he had been sick, or the manner of its commencement. The third fatal case was also a German, aged 35 years. He was admitted to the hospital on the 8th and died on the 11th of June.

The only entry in the register on the day of admission is as follows, viz.: "Pneumonia with extensive hepatization of both lungs; prognosis exceedingly unfavorable."

The remaining eight cases presented the disease in almost every stage of progress, although but one was admitted before the fourth day after the commencement of the attack. Most of them were from the ranks of the poor, and the general febrile symptoms decidedly typhoid in their character. It is necessary to bear these facts in mind, as they have an important bearing on the treatment. In none of the cases was general bleeding deemed advisable, and so strong was the tendency to prostration with that intestinal irritation which generally accompanies typhoid fever, that the tartrate of antimony and potassa could be given with safety only in combination with opium. The following case will serve as a fair illustration of the whole:

Mr. J. M., native of Ireland, aged 22 years, was admitted into the hospital July 18th, 1858. He says he has been sick four or five days, and has taken some physic. At present his face is flushed, eyes slightly injected and heavy, breathing short and labored, tongue covered with a thin whitish yellow fur and moist, frequent cough with the expectoration of muco-purulent matter intermixed with blood, pulse 95 per minute and soft, skin dry and little above the natural temperature; pain in the head and right side, greatly increased by coughing; urine scanty and high colored, and bowels moved once or twice during the last 24 hours. On percussion the infra-clavicular and mammary regions on the right side were found decidedly duller than natural. There was also in some parts of the same regions, coarse mucous ronchus with increased vibration of voice, and in other parts plain crepitant rale.

The patient was directed to take the following powder every four hours, viz.: R Pulv. Doveri. 8 grs.

Sub. Murias Hydrarg. 1 gr.

Tart. Ant. et Pot. 1-6 gr. mixed.

And between each dose of the powders one teaspoonful of the following mixture, viz.:

R Comp. Honey of Squills and Senega, ʒj.

Tinct. Opii. at Camp., ʒj. mixed.

July 19th. Cough less frequent and expectoration more copious, otherwise symptoms nearly the same as yesterday. Continue same treatment with the addition of a large blister over the upper part of the chest. Allow a small quantity of beef-tea for nourishment.

July 20th. Respiration more full and less frequent; expectoration copious and muco-purulent, but less mixed with blood; pulse 90 per minute and feeble; skin moist and cool; no head-ache but still some soreness in the chest. Blister had drawn well. Directed the powders of opium, antimony, &c., to be continued, and a powder composed of sulphate of quinine 5 grs., and chloride of sodium 15 grs. each night and morning. Omit the expectorant mixture.

July 21st. Bowels moved rather too freely this morning. Gums show slight indications of mercurial action; feels much prostrated, but all other symptoms improved. Directed all previous medicine to be omitted, and gave chloride of sodium 10 grs. with pulv. opium 1 gr. every four hours, with a teaspoonful of the emulsion of oil of turpentine and laudanum between each dose of the powders.

22d. Patient improving. Bowels less freely moved. Directed the same powders to be continued, and the former expectorant mixture in the place of the emulsion.

23d. Still improving; continue same treatment.

24th. Respiration quite free; dulness on percussion nearly disappeared; pulse 80 per minute: expectoration less in quantity, thick and yellow, and without blood. Has some appetite. Directed the powders to be continued three times a day, alternated with the expectorant mixture.

27th. The patient has continued to improve since the 24th, and was discharged to-day feeling quite well.

The average of the treatment in the whole eight cases in which recovery took place, was little more than ten days; the shortest being six and the longest fourteen days.

*Pleurisy.*—Of the four cases of pleurisy, one was connected with tubercular deposits in the lungs, one became complicated with a post-pharyngeal abscess, and the remaining two were simple cases attended with moderate effusion. The second case named presented some points of sufficient interest to justify a brief history.

John Ryan, aged about 35 years, a native of Ireland, was admitted into the hospital March 8th, 1853. He stated that two weeks previous he had been attacked with pain in his right side, shortness of breath, dry cough, and high fever. At present his respiration is short and hurried; pulse 100 per minute, firm, but not full; inability to lie on the left side without a sense of suffocation; short dry cough; sharp pain in the right side of the chest on coughing or attempting to take a full inspiration; urine scanty and high colored; some thirst; and tongue covered with a thin whitish fur. On inspection of the chest, the right side around the mammary region was found enlarged and the intercostal spaces fuller than the opposite side. The same region was also dull on percussion, and over much of it an entire absence of the respiratory murmur, with bronchial respiration under the clavicle.

These signs and symptoms showed clearly the existence of pleuritic inflammation, with effusion in the right side of the chest. He was directed a powder composed of sub. murias. hydrarg. 1 grain, pulv. digitalis, 1 gr., and nit. potassa 5 grs. every four hours, with pulv. doveri and nit. pot., each 5 grs., at bed-time, and a blister to the affected side. He continued his treatment four days with a slow but decided improvement in all his symptoms. On the 13th, his gums and salivary glands beginning to show signs of mercurial action, the calomel was omitted from the powders and pulv. doveri 5 grains, substituted in its place, and an additional blister applied to the chest. He continued this until the morning of the 16th, when the symptoms both of inflammation and effusion into the chest were much diminished. His respiration was much more full, and the dullness over the right side much diminished. His gums being moderately sore with an increased flow of saliva from the mercurial previously taken, and the bowels slightly constive, he was directed 5 grs. each of pulv. rhei, and bi-carb. soda, and the same to be repeated at night if the first did not operate. Also a wash of chloride of zinc, one grain to one ounce of water for his mouth. All other medicine was discontinued.

The next morning, (the 17th,) his bowels had moved too many times, exhibiting a dysenteric tendency, and he complained of great pain on attempting to swallow, and a feeling like that produced by

a foreign body in the throat. Inspection of the throat revealed nothing but slight enlargement of the tonsils and a blush of redness over the fauces and pharynx. He was directed to take a teaspoonful of the emulsion of oil turpentine and laudanum every four hours to control the bowels, and to continue the same wash for his mouth and throat.

18th. Found the bowels still loose, and the difficulty of swallowing greatly increased with equal difficulty of breathing; the latter being of that peculiar character indicating direct obstruction of the larynx. There was also complete loss of voice. His pulse was 100 per minute, small, sharp, and quick; also, general restlessness arising from the sense of suffocation.

A strong solution of nitrate of silver was applied with the sponge to the larynx and fauces, and directed a blister to be applied to the side of the neck. Owing to the great difficulty of deglutition he was directed only the following powder at night, viz.: *R* Pulv. Doveri 8 grs., and Pulv. Antimonialis 2 grs.

19th. Breathing extremely difficult, even threatening suffocation; aphonia complete; the whole trachea swollen and tender to the touch; pulse small and quick; skin bathed with perspiration; swallowing almost impossible; countenance appears anxious and bloated. Ordered an enema of castor oil to open the bowels, and fomentations with warm infusion of aconite leaves to the neck.

March 20th. Symptoms nearly the same. More swelling of the larynx and trachea externally. The inspirations produce a sound like a current of air through a contracted and dry tube. Continue same treatment.

21st. Symptoms but little changed; the sense of suffocation is somewhat less; and the swelling more prominent externally on the left side of the trachea. Directed him to take a powder composed of Pulv. Doveri 6 grs.

Pulv. Antimonialis 1 gr.

Blue Mass 1 gr., mixed, every four hours if he could swallow it, and continued the fomentations externally.

22d. No improvement. Patient had chills this morning; pulse small and quick; breathing and swallowing very difficult and painful. The swelling is still more prominent on the left side

of the neck, and it is evident that suppuration has taken place, though no distinct fluctuation could be detected; and it was too low down to be reached through the mouth. Directed a flax-seed meal poultice in place of the fomentations, and continue the powders.

23d. No change, except a very obscure sense of fluctuation in the swelling, and much general prostration. Made a deep incision on the left side of the trachea a little below the lower margin of the thyroid cartilage, and gave exit to a large quantity of thick well formed pus, which afforded much relief to the breathing. The poultice was re-applied and the patient left at rest.

24th. Respiration much easier, pulse more full, skin dry and warm, but swallowing very difficult, and still entire suppression of voice, with a troublesome inclination to cough. There is still much swelling and hardness around the larynx and trachea, and considerable discharge of pus. A probe can be passed through the opening deep behind the trachea, revealing an abscess of considerable extent. To counteract a slight febrile action and allay the cough, he was directed to take a tablespoonful of the following solution with half a teaspoonful of tinct. of opium and camphor, every four hours, viz.: R Tart. Ant. 1 gr.

Gum. Arabac. 3j.

Water, half a pint, mixed.

From this time on the patient gradually improved. The abscess continued to discharge eight or ten days, and another, of small extent, however, formed directly on the front part of the trachea just below the thyroid cartilage.

On the first of April the cough had subsided; the respiration and deglutition had become comparatively easy; and the voice much more distinct. The inflammatory action having subsided, and there being much debility with still some discharge from the abscesses, he was directed to take three times a day the following prescription, viz.: R Ext. Sanguinis, 10 grs.

Pulv. Rhei. 3 grs.

Bi-Carb. Soda. 3 grs., mixed.

He was also allowed animal broth for nourishment. This treatment was continued until April 11th, with no other troublesome



symptom than a severe spasmodic action in the sterno-cleido-mastoid and some of the deeper muscles of the left side of the neck. This began about the time the abscess ceased to discharge, and continued very painful at times for two or three days. It was apparently relieved by the external application of the following mixture, viz.: Sat. Tinct. Anconite Root, ʒj.

Camphorated Oil, ʒj.

On the 11th, there being still much debility, with pretty copious night sweats, he was directed to discontinue the former powders and take the following in their place, viz.:

Sulph. Quinine, 2 grs.

Chloride Sodium, 10 grs.

Prussiate of Iron, 2 grs., mixed ft. 1 powder.

He continued to improve rather slowly, and was discharged quite well on the 23d of the month, the original pleuritic affection being apparently well.

*Remarks.*—Abscesses posterior to the trachea or œsophagus are comparatively rare, and their diagnosis in the early stage not always clear and satisfactory. Another item of interest, was the fact that the abscess commenced and progressed to completion at a time when the patient was sufficiently under the influence of mercury for the pleuritic disease, to cause a moderate degree of salivation. It may be well also to drop a remark here in reference to the external application of anconite to painful phlegmonous swellings.

During the last two or three years I have been in the habit of using the infusion of aconite leaves, to allay the pain and cause the resolution of carbuncles and other phlegmonous swellings tending to suppuration; and where it is applied early and constantly, it is often very effectual. I generally direct half an ounce of the leaves to one pint of boiling water, and keep the part constantly covered with a cloth dipped in the infusion.

I have also frequently applied the same infusion to joints very painful from rheumatic inflammation, and with much temporary relief.

*Singular Hallucination.*

THE case of Alexander Lewis, who was tried and acquitted for murder at the present (Sept.) Term of the Court of Common Pleas of Chicago.

We are indebted to John A. Thompson, Esq., of this city, counsel for the prisoner, for the following facts relative to the trial and the history of Lewis.

The crime was committed at a grove near Ridgeville, in this county, last spring, and from the enormity of the deed and the singular hallucination that prompted it, we should consider it an oversight if not laid before the public.

The deceased, a poor negro, and the prisoner—total strangers to each other, while pursuing the lake shore road leading from this city to Milwaukie, on foot, accidentally fell into company—neither having any money, except a dime, which the deceased paid out for whiskey at a grocery by the road side, and of which both drank. They journeyed on together, and a short time after dark arrived at a grove in Ridgeville where they kindled a fire and laid down upon the ground to sleep—the negro with his bundle under his head. The prisoner arose in the night, and while the deceased was asleep, took from a pile of wood near by a large oaken bludgeon, and with it struck the deceased three or four blows upon the head, breaking his skull in several places, and scattering his brains upon the ground. The prisoner pursued his way through Milwaukie and thence to Walworth Co., Wisconsin, where he voluntarily confessed the crime, saying God commanded him to commit it, and surrendered himself into custody. He was subsequently brought to the jail of this city, where he again confessed the crime and described the state of mind that prompted him to do it. The body of the negro was found the next morning in the grove, his budget and contents undisturbed, by his head—the bludgeon stained with blood by his side, and the fire still burning,

Upon the trial there was no controversy as to the act of homicide; the counsel for the prisoner having admitted it, contended and satisfactorily established to the jury and the medical witnesses in attendance, that the prisoner was not responsible for his acts by reason of insanity.

The following facts adduced upon his defence, and which were clearly made out by the proof, and upon which the jury rendered a verdict of not guilty upon their seats, show one of the most frightful cases of mania that ever occurred, and which trial adds another to the many conclusive arguments, showing the inefficiency of the legal "tests of the knowledge of right and wrong," as applied by English and American judges to estimate the degrees of criminal responsibility.

The prisoner, born of religious and humble parents, in eastern New York, was, until the age of about 18 years, remarkable for his amiable and quiet disposition—laboring steadily in the field—beloved and honored by all who knew him—at about that period he, together with his father, became zealous Millerites, both becoming *impressed* with the belief that they were to be taken bodily to heaven—spending most of their time in fasting and prayer. Religious excitement was in his case the pre-existing cause of insanity—the cause that levelled every faculty that raised him above the brute.

After the explosion of Millerism, the family emigrated to Walworth County, Wisconsin, where the prisoner, removed from scenes of excitement for about two years, "was himself again," attending generally to his labors, with but occasional wanderings, until the death of his father, which affected him very materially—he becoming affected to such an extent as to preclude the hope of recovery. During the whole period of his sickness, which lasted nearly a year, he was deranged, talking continually of visions, of himself being possessed of a devil, and frequently remarking that he *must* go direct to hell. Partially recovering (far better that he had then died) he arose from his bed of sickness more deeply afflicted with the awful malady of insanity. At first he believed that property was unequally and sinfully distributed, and that it was his bounden duty to steal from the rich and give to the poor. With this idea he stole some clothing from a store in Walworth County to give to a pauper at that place—confessed—and was put in jail. While in jail he was continually preaching and praying, and at various times fasted from three to five days. Subsequently in jail he became dangerous, tried to kill his keeper, and was

chained. When told he could be released, he at first refused to leave, finally said he would see, and engaged in prayer—afterwards said he had permission on condition that he would do no harm for three weeks. He was taken from jail to the house of his uncle near by, and during the first night he arose from his bed, and approached the room where his uncle and aunt were sleeping, saying in a firm and loud voice “now uncle I *must* kill you, it is my command from God.” His uncle sprung on him and succeeded in holding him until the household were aroused—a light was brought in, and the maniac’s eyes seemed fixed on some wood by the stove. The uncle went to remove it—the prisoner sprung, seized a stick and aimed a blow at his head, which must have proved fatal, had not the mother of the prisoner interposed and received the blow upon her arm, which left a frightful wound and fractured the bone. The prisoner was again immediately taken to jail, and cold weather having set in, (for he was always less deranged in cold weather), he seemingly recovered, was set free and came to Chicago where his brother resided. He was induced to go to work, which he occasionally did through the winter. In the spring (1853) his insanity returned—he attended religious meetings—talked of visions—attempted to induce people to go down to the lake and hear him preach—fasted and prayed as before—attempted to kill his brother in obedience to the command of God—was restless at night—would leave his bed and talk for hours to himself. Finally he became *impressed* with the hallucination, *as of a reality*, that he was *Abraham*, and must offer up some human sacrifice—that it was a necessity he *could* not escape. In such a state of mind he left the city and accidentally met his unfortunate companion, and at Ridgeville grove, perhaps the Mount Moriah of his *crazed* fancy, by the fire with his own hand kindled, and still burning at the altar—with *no* lamb furnished for the offering, he sacrificed his human victim in obedience to imperative duty.

When arraigned and required to plead to the indictment, he said that “God would defend him;” and when asked if he wanted counsel, his reply was—“God will defend me.” When Mr. Thompson, his counsel, attempted to gather from him facts upon

which to base an application for continuance, his reply was, that God had told him not to hold any conversation with him; and during the trial he arose from the box, and fixing his eyes upon the Judge, remarked, that God was his judge—that he, the Judge, had better secure a judge to sit upon his own case, than to try him (the prisoner). At all times he *persisted* that he was not insane—he knew that death was the penalty of our laws for murder, yet, he believed himself above human laws—he knew the significance of the Court, the Counsel, and the Jury—and reflected with scorn upon their fancied imbecility—he was the appointed of Heaven for the accomplishment of a great good—was and is rational on subjects, save those connected with his mania—never has attempted suicide—believes himself to be immortal, and, firm as Atlas, insists on his perfect sanity. No—

“He would not die

And sanction with self slaughter the dull lie—

That \* \* \* \* \* with the brand of shame

Stamped madness deep into his memory

And woo compassion to a blighted name.”

Such is a brief statement of the facts of the trial and history of one] of the most dangerous and perfect cases of insanity within our experience or reading, and to the indefatigable labors of his counsel in obtaining the witnesses from distant states, a volunteer in his behalf with not so much remuneration even as the poor maniac's sympathy, and in preparing his defence, is due the honor of his acquittal. We also learn that Mr. Thompson has instituted proceedings and obtained an order for his removal to the Lunatic Hospital of this State.

*An Inquiry, Critical and Experimental, into the Pathology of Fever.* By N. S. DAVIS M. D. Professor of Pathology, Practice of Medicine, and Clinical Medicine, in Rush Medical College; and one of the Physicians to the Ill. Gen. Hospital.

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## CHAPTER SECOND.

### DIAGNOSIS AND VARIETIES OF FEVER.

So long as the pathology of fevers remains unsettled and a subject of controversy, there must also be much diversity of opinion, if not absolute confusion, in regard to the varieties and diagnostic phenomena on which the several classifications are based.

Thus, Dr. Stokes, of Dublin, tells us to "weigh the matter calmly, and I think you will be disposed to agree with me, that *fever*, in its origin, implies no tangible condition of the system, and that we know it only as consisting of a group of phenomena, varying as to their cause, seat, effect, and duration."

Dr. Bartlett, in his valuable treatise on fevers, observes: "There is *no such individual disease*, as that which has always been expressed, and which is still expressed by the term *fever*. \* \* \* \* There are many separate diseases to which this generic name is properly enough applied, on account of certain general analogies which exist between them. \* \* \* \* *The word fever, when used as it commonly is, to designate a disease, has no intelligible signification.* It is wholly a creature of the fancy; the offspring of a false generalization, and of a spurious philosophy."

On the same subject Dr. Southwood Smith observes: "Something there is, however, which, amidst this astonishing diversity, preserves the identity of the disease so completely and so obviously, that there never has existed any dispute about that identity, under any aspect which it has hitherto been observed to assume, so that all physicians, without exception, unhesitatingly accord the name of *fever* to the mildest form of the common fever of this country, to the yellow fever of the West Indies, and to the plague of Constantinople and of Egypt."

Dr. Thomas Watson says: "Although *fever* is, as I have stated, a *specific disease*, it assumes diverse forms, and so dissimi-

lar are some of its phases, that they might seem to belong to totally different maladies."

Dr. Benj. Rush has said, that it is "not more improper to say that men are of different species, because some are tall and others short, or because some are short and others long-lived, *than that fevers are of different species*, because they vary in their symptoms and duration."

Again, Dr. S. H. Dickson, of Charleston, in a recent interesting essay, remarks: "We cannot for a moment admit the truth of the specious doctrine, that fever, or, as it is imaginatively termed, the '*febrile element*,' is a unit, identical in all the forms of that protean malady. On the contrary, we are prepared to maintain that, from the great diversity of specific causes of fever, a great diversity of specific effects must necessarily result." And yet, as the reader has already seen by a quotation at the beginning of this lengthened essay, the eminent Dr. Copeland says, "*fever is but one disease.*"

We might add to the foregoing, many more quotations from distinguished members of the profession, touching the same subject, but these are sufficient to show that there is, not only no division or classification of fevers generally adopted, but there is no admitted basis on which a judicious classification can be founded.

Some evidently regard all fevers, however diverse in their general phenomena, as having essentially a common pathological element or starting point, which constitutes a bond of union, and in some sense reduces them to a unit. This seems to be the idea entertained by Rush, Copeland, Southwood Smith, Watson, Paine, and others; but scarcely two of these agree in their views in regard to what constitutes this *unity*, this common febrile element, or essential starting point. Some of them place it in the depressing action of the exciting cause or causes on the *nervous system*, others regard it invariably as an exaltation of certain elementary properties of the solids, while others still frankly acknowledge their entire ignorance concerning it. On the other hand, those who, like Drs. Stokes, Bartlett, and Dickson, deny the unity of fevers, and claim that the different varieties are specifically separate and distinct diseases, are no better agreed in regard either to



the number of specific fevers, or the particular basis on which their separation should rest. Thus, Dr. Dickson says: "Specific difference in causative or generative agency will give an absolute specific difference in results. If, for example, some fevers are contagious, and others not at all, this single fact must constitute solely and of itself an entire essentiality of diagnosis." This would seem to indicate a classification, founded on the nature of the exciting cause. Dr Bartlett, following the example of Louis, Chomel, and Jackson, attempts to base his classification partly on the phenomena of the diseases during life, and partly on the effects or post-mortem appearances. The periodical class are separated from all others on account of their periodicity and the supposed peculiarity of the exciting cause. But the distinction between typhoid and typhus fevers, is made to rest more on the morbid anatomy, than the symptoms during life. Wherever so great diversity of opinion exists among men, eminent alike for their science and their practical experience, we may safely infer that there is either no clear and well defined starting point to the subject under investigation, or that they have not occupied any common point of observation in relation to it. Thus, when Dr. Copeland asserts that "fever is but *one* disease," and Dr. Bartlett declares that "there is no such individual disease as that which has always been expressed by the term *fever*," it is clearly apparent, that the two writers are viewing the same subject from entirely different points of observation.

The one is evidently looking at the initial active phenomena of a class of diseases, as they exist in the perverted action of the same functions and vital properties, regardless of diversity in *causation* or ultimate anatomical results. Hence he finds no difficulty in tracing these phenomena, however diverse in some respects, to disturbance or perversion of the same primary functions and properties, thereby finding a bond of union on which to base the declaration that fever is but *one* disease. But the other, with a mind early captivated by the interesting researches of M. Louis and other French pathologists, is looking much more intently at the specific differences in causation and ultimate morbid changes, than at the immediate initial febrile phenomena. If I might choose a

figure for illustration, I should represent Dr. Copeland as standing at the circumference of a class of diseases, looking for some central point towards which the essential active phenomena of each member of the class converge; while Dr. Bartlett takes his station in the centre, and looks in one direction at the specifically distinct exciting causes, and in the other at the equally different post-mortem results. Hence it is not strange that the one should affirm, and the other deny the *unity* of the class. What is true of the two distinguished writers just named, is equally true of the several classes of medical men which they represent. But after making all the allowance that a just and liberal criticism will permit, for differences in mental position and direction of inquiry, there remains so much contrariety of opinion, that the inexperienced learner is quite as likely to become confused, as enlightened by an extensive study of medical writings on the subject under consideration.

We cannot, therefore, proceed a single step in the work of classifying fevers, and pointing out their diagnostic symptoms, without first presenting a definite basis for such arrangement as we propose to make. But what shall constitute this basis?

Shall we follow the hint given us by Dr. Dickson, when he asserts that "specific difference in causative or generative agency will give an absolutely specific difference in results," and found a classification on the exciting cause of fever? If it were true that every specific cause, capable of exciting fever, actually gave rise to an equally specific and well defined disease, it would be easy to arrange or classify them, although the subdivisions would even then be inconveniently numerous.

But Dr. Dickson himself does not claim this when he admits that "the effect must always be precisely relevant to the cause, *unless the latter undergoes modification, transformation, or substitution.*" I think that a careful examination will show these modifications or transformations to be so numerous as to destroy the practical value of the rule laid down in reference to cause and effect. That an insufficient supply of food, coupled with exposure to a cold and damp atmosphere, has frequently given rise to severe and fatal cases of typhus, very few will deny. That the same form

of disease is caused still more certainly by confinement in an atmosphere rendered impure by an accumulation of animal excretions and inhalations is equally obvious. And yet, is there not a specific difference between cold coupled with hunger, and the foul air of an ill-ventilated ship? One of the most characteristic cases of *typhoid* fever which has come under my observation during the present season, was very obviously induced by frequent and protracted bathing in the lake, coupled with over exertion in swimming. Another well marked case of the same variety of fever, was caused by the combined influence of protracted wakefulness and anxiety caused by the sickness of a friend. Indeed, there is no fact more familiar to the profession, than that *dissimilar* causes often give rise to cases of disease, involving the same functions and organs, and identical in their form. This fact presents an insuperable barrier to any detailed classification founded on the nature of the exciting causes. Indeed, the whole subject of the causation of *fevers* is still involved in doubt and controversy. One class of writers continually speak of the *poison* of typhus and the *poison* of typhoid fever, as though these varieties of disease were dependent generally, if not invariably, on some *specific* and definite *poison*. Thus, Dr. Bartlett tells us, that "*the poison* of typhus fever is generated in a stagnant and depraved atmosphere, rank with the thick corruptions of concentrated emanations from the living human body; *the poison* of typhoid fever, like that of epidemic cholera, and like that of scarlatina, comes we know not whence; it is generated as readily amidst cleanliness and purity, as amidst filth; and it floats as freely in the fresh breezes under the open sky, as in the close and stagnant atmospheres of crowded cabins and lanes."

It is not my purpose to question the correctness of these assertions in this place, (that will be done elsewhere,) but simply to note the language in reference to the cause—"the *poison*;" certainly implying the existence of a single morbid agent, specific in its nature and determining by its action a specific form of fever. So, too, Dr. Watson remarks, "it is of great importance to hold correct notions as to the exciting cause of continued fever, respecting which there has been and still is, a perplexing contrariety

of opinion among medical men. You are aware, from what has already been said, that I consider the disorder to originate in an *animal poison*, &c."

This language is explicit, and implies an unequivocal belief in the existence of a specific poison as the cause of fever. But even this class of writers are not agreed in reference to the question whether each depends on a poison peculiar to itself. The language already quoted, shows, that Dr. Bartlett claims a separate and distinct poison for typhus and typhoid fevers no less positively, than for the periodical class. On the other hand, Drs. Smith, Watson, and others make no definite distinction between typhus and typhoid diseases, and uniformly speak of but one fever poison as the cause of both. But there are still others of large practical experience, especially among American physicians in the southern and western states, who boldly claim that both of the varieties of continued fever, depend on some modification of the same malarial poison, which generates intermittents and remittents. And there are not wanting still others, deservedly eminent in the profession, who deny the existence of any specific fever poison whatever.

It is plain, that in the midst of so much uncertainty, and such contrariety of views, concerning what constitutes the efficient cause or causes of fevers, it would be futile to attempt to base any classification of these diseases on the nature of their exciting causes. If it were granted, however, that the causes of fevers were definitely known, any arrangement founded on them would possess very little practical value, for the simple reason, that causes essentially distinct, and arising out of circumstances very diverse, are known to give rise to febrile phenomena, identical in all their general and final results. By keeping this fact in view, we may reconcile much that appears contradictory in relation to the causation of fevers, without impeaching either the integrity or the acuteness of observation, of those whose written opinions stand so nearly antagonistic to each other.

Before proceeding, however, let us enquire whether the reason given, the fact assumed, is itself true?

Will diverse causes develop the same febrile condition, presenting the same tendencies and ultimate results? In answering this

question let us refer to that form of continued fever usually denominated *typhoid*, which is generally conceded to present a characteristic group of symptoms, and a pretty uniform tendency to a definite result, viz.: ulceration of the mucous membrane of the ilium. Dr. Bartlett says, "the only causes of typhoid fever, the influence of which has been at all positively and accurately ascertained, are these three, to wit: "age, recent residence in a given place, and contagion."

Dr. Watson admits but one efficient cause of continued fever, which he styles an *animal poison*. All the other circumstances which seem to exert an influence, such as age, locality, &c., he ranks as predisposing causes merely. To maintain this opinion, however, Dr. Watson, and all others who favor it, are compelled to assume, that the poison is self propagated and very widely, if not universally diffused; and yet, that its activity is so completely under the control of what they call *predisposing* causes, such as age, locality, recency of residence, etc., as to render it inoperative at one time and unusually virulent at another. Thus, with the exception of Dr. Bartlett, all writers admit that the disease is most prevalent in the midst of poverty, impure air, over-crowded apartments, and damp dwellings—that even the sick, when placed in spacious apartments, kept clean and well supplied with dry, pure air, are seldom capable of propagating the disease to others around them. So true is this, that every intelligent hospital physician knows full well the difference between spacious, clean, and well ventilated wards for fever patients, and such as are close, uncleanly, and crowded. In the first the nurses, physicians, and visitors, walk with comparative safety; while in the latter, not only the ratio of deaths among the patients is greatly increased, but the attendants perform their duties at the peril of their own safety. No fact in the history of disease is better established than this. Hence Dr. Watson says: "It is moreover found, that when persons, ill of fever, are taken away from their own close crowded houses, and when means of purification are employed, the fever ceases to spread in these houses, etc."

If it is true that, what are styled predisposing causes, determine in so marked a degree both the prevalence of the disease and

its propagation; which is most in accordance with sound philosophy and rational induction, to attribute the disease to an unknown, intangible agent floating everywhere, but entirely harmless in one place, and extremely active in another, and yet subject to no known or uniform laws; or to attribute it to those circumstances that are tangible, and the influence of which can be definitely appreciated. Within the last few weeks I have had under my care several well marked cases of typhoid fever both in and out of the hospital. Among these was a young man who came from the New England States to this city about six months since. He resided in one of the best families in the city, occupied during the day in spacious and airy apartments, and sleeping in a clean, dry, and well ventilated chamber. He continued to enjoy good health until the early part of August, when he adopted the practice of frequent bathing in the Lake. Being an excellent swimmer he carried the practice to an extent undoubtedly injurious, going in late in the evening and continuing in the water under active physical exertion for a considerable time. In a short time he began to complain of dulness, want of physical elasticity and vigor. This increased day by day until at the end of a week he was unable to continue his employment. He now had fever, headache, wandering pains in his back and limbs, tongue covered with a dirty white fur, little appetite, bowels irregular, not moving frequent but discharges liquid, pulse quick, and skin dry. All the symptoms were aggravated in the afternoon and evening.

He now consulted a physician who, viewing it as a "bilious attack," gave him a dose of physic, and followed it by moderate doses of quinine, which he continued to take for four or five days.

At the end of that time he came directly under my observation. His cheeks were slightly flushed; his eyes heavy and watery; his skin dry and above the natural temperature; his lips, mouth and teeth dry; tongue dry, smooth, and redder than natural; pulse 100 per minute; alvine evacuations fluid, dark brown, and occurring three or four times in 24 hours; abdomen moderately distended and tympanitic; intellect dull with slight wandering at night; complains of no definite pain, but feels dull,

heavy, and indisposed to make any exertion, either mental or physical; and there were traces of a few rose colored spots over the anterior part of the body. The patient continued on with all the usual phenomena of typhoid fever, and slowly convalesced in about 10 days after he came under my care. Although surrounded by a large family, embracing persons of various ages from one year up to forty-five or fifty, none of them contracted the disease or suffered any inconvenience from his presence.

About the same time I was called to see a young lady, aged about 18 years, and found her with all the well marked symptoms of ordinary remittent fever of an active grade. The remissions and exacerbations, with all the characteristics of that type of fever, were strongly marked. I directed a few grains of sub. murias hydrargyri with dover's powder during the exacerbation, to be followed by sulphate of quinine in five gr. doses during the remission. They appeared to act kindly, and in four or five days she was entirely convalescent and able to rise from her bed, with some appetite, and a very natural condition of the alvine evacuations. Before recovering her strength, however, she imprudently ventured out and spent the evening with some friends, and indulged moderately in the use of such refreshments as were provided for the occasion. The next day she felt dull and heavy, with a little disturbance of her bowels. Her indisposition increased rather gradually for four or five days, at the end of which time I was again called in. I found her sitting in a chair, with a dull haggard expression of countenance; a deep red flush on her cheeks; her skin dry, harsh, and hot; pulse 102 per minute, and soft; lips, teeth, and mouth dry; tongue dry, red, and fissured; urine scanty and high colored; abdomen full and tympanitic, with tenderness on firm pressure; fecal discharges every six or eight hours, liquid, dark brown, and very offensive, dulness of intellect, with decided wandering delirium at times; much thirst; no appetite; and much complaint of dull pain in her head. From this time on her case retained all the features of the most severe typhoid fever, and terminated fatally in about three weeks. During her sickness she occupied



a low chamber in a house filled with boarders, and her own room was often filled with an imprudent number of friends. About one week before her death, her sister, who was the mother of a child six months old, and spent most of the time in the room taking care of her, was taken sick with well marked symptoms of the same type of fever.

Although three or four days elapsed after she began to complain before she finally took to her bed, yet the disease assumed a severe form, and only terminated in convalescence during the third week.

Before convalescence was established in this case, the mother, who was now the principal nurse, was taken sick with the same disease. With her, however, it ran a mild course, and terminated favorably between the seventh and tenth days.

Here are four cases of unmistakable typhoid fever, so far as that disease can be determined by the symptoms during life. In the first no causes could be assigned, except *recency of residence*, and excessive exercise with protracted bathing. The second plainly originated from undue exposure to night air, and over-exertion during convalescence from another type of fever. While the third and fourth occurred in old residents during close confinement in the sick-room of the second, aided by mental anxiety and watching. If these cases did not arise from absolutely different *causes*, they certainly did from widely different circumstances: The two last are just such examples as are constantly adduced, not only to prove the existence of a specific poison, but to show also, that such poison is a true *contagion*; while the circumstances attending the first and second, though differing from each other, yet agree in being free from all traces of previous contact with the sick, or any other palpable evidences of a particular poison.

True, the advocates of a specific poison meet all such difficulties with the general assertion, that in the midst of populous communities persons come in contact with poisons and contagions without being aware of it, and consequently that inability to trace connection is no evidence of want of contact. Indeed, they would rather have us infer, that all the inhabitants, of large cities espe-

cially, are exposed to the fever poison; that many escape its action from unsusceptibility, and many more from meeting with it so diluted, by diffusion in otherwise pure air, that it is incapable of exerting its injurious effects. If this explanation would apply to the second case, by supposing that the previous attack of malarious fever had so debilitated the system, as to render it susceptible to the typhoid fever poison, how will it meet the second? It is true that his frequent and protracted bathing might debilitate the system and thereby render it more susceptible, but at the same time all the circumstances that surrounded him at home, and still more while bathing, were such as to dilute and diffuse any supposed poison to the greatest degree. It is true, that Dr. Bartlett, in the language already quoted, seems to deny that purity or any other circumstances of a local character, exercise any material influence over the fever poison; declaring both typhoid fever and cholera to be "generated as readily amidst cleanliness and purity, as amidst filth, &c." But on what part of the continent of America does Dr. Bartlett find proof for such an assertion, especially in relation to epidemic cholera? Has he, indeed, found the poison generating that disease "floating as freely in the fresh breezes" that fan his own native hills of New England, as in the "stagnant atmospheres" of Boston and New York? Has he, or any one else, seen cholera when epidemic, desolating the wide, clean, and airy streets inhabited by the wealthy in our cities, in the same ratio that it does the narrow, damp, and filthy places occupied by the poor?

For instance, has this disease ever invaded the mansions around Union Park in the city of New York, as freely and readily, as the damp and filthy habitations on Orange, Cross, Cherry, and other similar streets of the same city? The most careful examination of this subject would compel a uniform answer in the negative; and I am only surprised, that one so familiar with medical literature should have hazarded an assertion so widely at variance with the accumulated experience of the profession at home and abroad. If the influence of local causes in determining the prevalence of typhoid fever was as clearly manifest as it is in reference to epidemic cholera, there could be no room for doubt or discussion. But it is

no part of my design to enter at large upon this subject in this place; the fact that typhoid fever is frequently produced by local causes, independent of any special *fever poison*, is sustained not merely by such cases as have been detailed, but also by a great variety of evidence. First, it is the fever that prevails over the widest geographical boundaries, in climates and on soils the most diverse.

The periodical fevers are well known to be limited in their range, prevailing only in such circumscribed limits as present certain appreciable physical circumstances in reference to soil, moisture and temperature. And this has ever constituted the strongest argument in favor of attributing them to the influence of some peculiar and specific poison, generated only by a certain combination of circumstances. Typhus, too, is indisputably limited almost wholly to localities presenting a pretty uniform class of circumstances.

It is, to use the strong language of Dr. Bartlett, "in a stagnant and depraved atmosphere, rank with the thick corruptions of concentrated emanations from the living human body," that unmistakable *typhus* prevails. But typhoid fever is found to originate in every quarter of the globe, in almost every climate, and on every variety of soil. Indeed, it is *the* type to which all other types of fever tend when they run a protracted course. Thus, Dr. S. H. Dickson, in his essay on the blending of types of fever, says: "Nay, it seems to us unquestionable, that, in some sense, all the known forms of idiopathic fever predispose to *typhoid*; at least all known forms of fever, if greatly prolonged, may put on, as has been above stated, many features which belong to the description of *typhoid*, and lose all which may have been manifested during their invasion and early progress; these latter characteristics, however, continuing in a certain proportion to be strongly and persistently marked throughout the most indefinite protraction. This is true, not only of those already mentioned, periodical fevers of every variety, and especially in the congestive form, but of yellow fever, catarrhal fever, the consecutive fever of cholera, and the numerous pyretic affections occupying the doubtful ground of such connection with local internal disorder as to render questionable their idiopathic character; such as gastric, mesenteric, and

verminous fevers, and infantile remittents." That other fevers, when protracted, do not merely put on a typhoid state, *simulating* typhoid fever without the supposed characteristic *lesions*, but do actually become converted into the latter disease with all its local as well as general phenomena, is abundantly proved by post-mortem examinations. On this point Dr. Dickson holds the following language, viz.: "As a continued fever (typhoid) it is usually easy enough to distinguish it from bilious remittent; *yet this latter frequently puts on some of its most familiar and characteristic features*: a dry, red tongue, meteorism, muttering delirium, carphologia, coma, presenting themselves in protracted attacks; the teeth and lips being covered with dark sordes; *diarrhœa coming on with intestinal ulceration*, as seen after death." Now if this statement is true, (and we doubt whether any physician of extended experience in the treatment of fevers will deny it) we are compelled to acknowledge, that the form of fever in question may arise from a variety of causes. It would be contrary to all analogy, if not a positive anomaly in nature, to have a specific poison, *sui generis*, generated at all seasons of the year, in different climates, and almost every conceivable variety of local circumstances. That like causes, acting under like circumstances, will produce like effects, is an axiom not likely to be disputed by the careful student of nature. No one disputes the fact, that a stagnant atmosphere, loaded with animal exertions, will produce true typhus, and no one claims that the same disease will arise in the opposite circumstances, unless it is derived directly from a contagion previously generated. Equally unanimous is the opinion that a certain soil, united with the proper temperature and moisture, will generate intermittents and remittents, and very few, if any, claim that these diseases will arise, *de novo*, without such circumstances. But typhoid fever is found in prisons, emigrant ships, and jails; it is found on malarious districts, and on primitive geological formations without any of the elements of malaria; it is found at all seasons of the year; and as we have seen, it supercedes, under certain circumstances, other febrile affections of diverse origin. If these assertions are founded in truth, it necessarily follows, that typhoid fever is a condition of the system, susceptible of being in-

duced by a variety of causes acting upon the elementary properties and functions of the system in a given direction, instead of a specific disease arising always from a single specific cause.

I am fully aware, that those writers who attribute common continued or typhoid fever to a specific poison, endeavor to avoid the force of the above facts, by claiming a distinction between a "*typhoid condition*," and what they technically call *typhoid fever*. Thus, says Dr. Flint, in the supplement to his reports on continued fever, "a *typhoid condition* is one thing, and *typhoid fever* another." And Dr. Bartlett says: "it is certainly very important, that this *typhoid state* of the system, occurring in connection with many diseases, should be distinguished from *typhoid fever*." And he adds: "Since writing this history, I have seen a patient presenting these phenomena amongst others: prostration of strength, slight subsultus tendinum, tympanitic distension of the abdomen, diarrhoea, gurgling on pressure, a dry, red, cracked tongue, sordes on the teeth, wandering delirium, and sudamina about the neck. Here were many of the *most characteristic elements* of *typhoid fever*, but the disease was clearly and unequivocally puerperal peritonitis." Now it is certain, that just so far as the above case contained "the most characteristic elements of typhoid fever," so far, at least, it was identical with that disease. And if the case proves anything, it is simply that a typhoid type or condition of fever may be connected with peritoneal inflammation, as well as with ulcerations of the glands of the ilium. It is not merely the typhoid condition of the system that occurs in connection with fevers, primarily of a different type, but in many instances the identical intestinal lesions are present also. Dr. Dickson asserts this in a paragraph already quoted; and I have now before me portions of the ilium from two subjects, one a female, dead from well marked typhoid fever, and the other a male, attacked primarily with pneumonia, partially convalesced, but died subsequently with typhoid symptoms, and in both the glands of Peyer are extensively ulcerated in such a manner, that I think it would puzzle the most experienced morbid anatomist, to decide by an examination of the morbid specimens, which belonged to each subject. The mesenteric glands are also enlarged in both. Let not the reader

infer, however, that no practical distinction is to be made between a typhoid state or fever supervening upon some previous disease, and therefore secondary, and that which commences as an idiopathic affection. On the contrary, I would take just as much care to distinguish the one class of cases from the other, as I would a diarrhoea supervening upon some previous disorder, from one occurring as the primary disease. And yet the former would be just as certainly and really a diarrhoea as the latter.

The only inferences which I would draw from the foregoing examination of facts and opinions, are : first, that intermittent and remittent fevers, being confined in their prevalence to particular, and often definitely marked, localities, are dependent on some peculiar and specific cause ; second, that continued fevers, including both typhoid and typhus, are limited in their prevalence by no geographical or geological boundaries, the latter being susceptible of generation and propagation wherever human beings congregate in an impure and stagnant atmosphere, and the former wherever any cause is brought to bear on the human system capable of depressing the organic susceptibility, and thereby perverting all the primary functions, whether that *cause* consists in protracted mental anxiety and want of sleep, in insufficient food and clothing, in protracted and excessive physical exertion, in exposure to moderately impure air containing animal matter or contagious exhalations, or whether it consists in a certain exhaustion of the vital properties by the protracted continuance of previous disease. In view of these inferences it is evident that no useful classification of fevers can be founded exclusively on their exciting causes.

Much the plainest line of distinction can be drawn between those usually styled *periodical*, and those known as continued ; yet, it is very evident, that the former become not unfrequently transformed into the latter. And if we may credit the common observations of our profession in the South and West, the latter not unfrequently succeeds the former upon the same soil, and to such an extent, that not a few, like Dr. Fenner, of New Orleans, attribute both types to mere modifications of the same general cause or causes. The difficulty of separating the non-eruptive contagious fevers from those which are not contagious is equally great. What-

ever may be said in regard to the uniform contagiousness of true typhus, it is certain, that typhoid fever very frequently, if not generally, occurs independent of any proper contagion. So true is this, that many of the best writers express doubts in regard to its capability of being propagated by contagion in any degree. And yet, we have just the same kind of evidence, that true intestinal typhoid fever, is occasionally propagated by contagion, that we have in reference to *typhus* or any other idiopathic fever. Hence we must boldly deny well observed and candidly recorded facts, or admit the conclusion, that certain fevers arising primarily from causes in no way connected with a specific contagion, may, in the course of their progress, so alter their secretions or emanations from the body of the patient, as to produce a virus capable of inducing the same disease in others. To do the first would be to impeach either the observing faculties or the veracity of our co-laborers in the science, and thereby transgress all the rules of rational inquiry; while the last is equally philosophical, and in accordance with a great number of observed facts. Those who insist most strongly on the idea, that continued fevers arise from a specific poison only, and that poison a contagious one, endeavor to avoid the force of the very obvious objection founded on the fact, that of all those having intercourse with the sick, a small portion only contract the disease, by alleging that similar escapes happen in reference to diseases notoriously contagious. Thus, Dr. Watson says in reference to this objection, "the force of this reasoning is completely broken by the well known fact, that in respect to diseases which are on all hands acknowledged to be contagious, and which are even propagable by inoculation, small-pox for example, *the same kind of exemption notoriously happens.*" Such assertions as this are not only untrue in fact, but they are well calculated to deceive the inexperienced reader. It is true, that if you bring a thousand *unprotected* persons in contact with a case of small-pox, a half dozen out of the whole number may fail to take the disease; not, however, because the room in which they were exposed was cleanly and well ventilated, but because, from some unknown cause, there was a positive want of susceptibility to the action of the poison in their systems.

(Continued in next number.)



## SELECTIONS.

From the Peninsular Journal of Medicine.

*Physiology of Spiritual Table Tipping.* By E. ANDREWS, M.D.

This veriest humbug that ever exhaled from the caverus of delusion, has brought to light one remarkable physiological truth, viz.: *the power of other functions of the mind besides the will over the muscles.* Physicians should lose no time in investigating it, for another opportunity equally good may not occur in a century. Besides, physicians owe it to society to expose delusions which are based on physiological phenomena, since they alone are competent to do it. They should examine it, therefore, that their exposure may not be the laugh of ignorance, but the piercing sarcasm of men who understand the nature of what they speak.

The Rev. Charles Beecher, of N. J., at the request of an ecclesiastical association, has written a small work on this subject, in which he takes the ground that the "manifestations" are actually the work of evil spirits. His admission of the spirituality of the performances has had a bad effect in this region. All the tipsy tables have tipped with unwonted confidence ever since, and thousands, who held it to be mere nonsense before, are now staggered to learn that a Beecher has decided for the spirits.

We shall give this work a brief review for two reasons: one is, because many physicians who may not see the work itself will, nevertheless, have to combat the influence of its name, and the other is, because it is a fine sample of the pranks cut up by the nervous system, which, no longer content to delude hysterical girls, and superstitious old men and women, has in these last days, bestrode the pulpit, and made a learned divine, one from a family of ecclesiastical giants, think that there is actually a telegraph from the infernal regions, and that we are in the daily receipt of despatches from the devil.

The treatise in question commences, very necessarily, with a statement of the facts. Now, good reader, what kind of a statement of facts do you suppose was made by this clergyman of mighty name, this Beecher, who was appointed by the New York and Brooklyn Association to report on Spiritual Rappings. You who are accustomed to the searching, fact-sifting of scientific bodies—you possibly imagine that he commences with a careful description of the observations and experiments whereby he deter-

mined the phenomena, and with a clear statement of the tests whereby he sifted out the error, and analyzed the whole to the ultimate fact elements. Most learned doctor, you are mistaken. The whole question of facts is contained in a dozen lines. Here it is :

"The facts which constitute the pneumatic argument arrange themselves in four classes :—

"Class 1. Mysterious intelligent sounds and movements.

"Class 2. Involuntary polyglott speaking and writing.

"Class 3. Apparitions.

"Class 4. Doctrines, revelations, poems, prophecies and medical prescriptions, all delivered through the above instrumentalities."

This is all he has to say about the facts. The subsequent pages are learned and eloquent, but to what purpose? In science we are accustomed to require our authors to state item by item, all the circumstances in which their facts are observed, and all the tests to which they were subjected, because experience has shown that assertions not thus scrutinized are not worth a fig, and all arguments based on them, though they may be very logical, prove no more than a puff of nonsense.

He next proceeds to do battle with two opposing theories, which he handsomely demolishes, for he is good at the sword exercise of argument. He also brings up "*od*" or "*odyle*" with evident approbation, as the means by which evil spirits effect their communications with men, women and tables, upsetting the latter, jerking the elbows of the former, and kicking up a row generally.

This *odyle* is a name given to a supposed agent or force, by Baron von Reichenbach, of Vienna. It is supposed to be diffused throughout the universe, and the Baron has written a book of some 400 pages, filled with his observations and experiments upon it. At some future time we may review it for the amusement of our readers, at present suffice it to say that the majority of his phenomena were evidently nothing but the disordered sensations of the "sensitive" and "nervous" subjects upon whom he experimented. The Baron was evidently entirely ignorant of the pathology of the nerves of sensation. Whoever reads his work without understanding physiology will wonder and admire, but a physiologist will wonder and laugh.

The rest of Beecher's essay is devoted to showing that the tipping and rapping spirits are evil and not good spirits.

We have had some acquaintance with ecclesiastical bodies; and we think we can account for the production of this curious document without any disparagement to that noble profession. Clergymen, as a body, are not engaged in discovery. Their business is not so much to investigate new truths, as to enforce old ones;

hence, in their associations they assign topics to each other, not so much for the investigation of facts as to develop originality of thought and fire of expression. In all probability the Congregational Association of New York and Brooklyn cared not one fig for the *investigation* of this humbug, but knowing that Mr. Beecher held some peculiar notions upon it, wished to enliven their meeting by drawing forth his ideas and his eloquence.

But laying Beecher aside, what and how much is there in these "manifestations." We have taken some pains to investigate the matter, and we affirm, as the result of our observations, that if you reject one-half of all the accounts for falsehood, and then two-thirds of the remainder for exaggeration and mistake, there will remain the following solid facts:

1st. Disordered innervation, causing delusions of the senses and spasmodic twitching of the muscles in all parts of the body.

2nd. Tables, stands, &c., by placing the medium's hands flat upon the upper surface, may be made to move about the room, get upon a sofa, dance to music, and tip out intelligent answers to questions *without any consciousness of voluntary exertion by the medium.*

3rd. The medium may write communications and answers to questions *without any voluntary directing of the hand or pencil.*

Any one who will seat half a dozen ladies of nervous temperament at a table, and cause them to hold their hands immoveably upon it for an hour, may produce the manifestations of twitching and disordered sensation, and a few repetitions will generally suffice to develop the table-moving power.

The character of many of the mediums is such as to leave no doubt their agency is involuntary, at the same time our investigations have demonstrated the action of the muscles. They usually suppose that with the hands laid flat upon the smooth top of a table, it is impossible for muscular action to take effect, and we have often seen them raise the hand so as only to touch the table with the ends of their fingers and thumbs—a manœuvre which satisfies most observers that there is no muscular action in the case.

Our first experiment was to see whether this position of the hands was a sufficiently rigid test. To our surprise we found that with merely the tips of our fingers touching the table we could imitate all the evolutions of the spirits. We caused it to traverse the room in every direction, made it dance to music, and mount upon the sofa, and with the tip of one finger pressed upon the top of it, we could use force enough to cause it to lie slowly down upon its side, and to rise up again. We next took a circular cherry table, four feet in diameter, and placing our hands flat upon the top, we caused it to walk up the perpendicular walls of our office, and then, top downward, to walk all about the ceiling. Being thus satisfied

that muscular power was competent to the effect, we proceeded to test for its actual existence.

The mediums were confident that the tables heaved and moved spontaneously beneath their hand. We placed a sheet of paper beneath their hands, when lo! the table stood still while the paper slid all over it. We next placed a book under their hands, and two round wooden pencils under the book as rollers. The book rolled about with great activity, but the indignant table would not budge an inch. We then placed our own hands under those of the medium, when we could distinctly feel the latter pushing and pulling upon our own. It was evident, therefore, that the power was exerted by the medium, not by the table. Lastly, we placed our fingers upon the tendon of the latissimus dorsi muscle where it crosses the axilla, and having ascertained that it was relaxed, relaxed, requested the spirits to tip, when we could feel the tightening of the tendon as it drew the arm back. The muscular action was decided.

We next proceeded to test by questions, both vocal and mental, by which we ascertained the following facts:

1. When the question was vocal and the medium knew what the answer should be, *the spirit invariably replied correctly.*
2. When the question was such that the medium neither knew the answer, nor could have any possible chance of hitting right by coincidence, *the response was invariably wrong.*
3. When there was a chance of hitting right by coincidence, and in questions of yes and no, and questions of numbers and some others, the answers were sometimes right and sometimes wrong.
4. If the questions were mental, and no chance of guessing right existed, the answers were *always false.* If, in addition, the countenance was so guarded as not to show *when* a mental question was asked, the answers were not only false in substance, but out of time with the question; and answers repeatedly came *when no questions had been asked.*

The following are our notes of one of these dialogues. It was a writing medium of the most unquestionable integrity. Having ascertained that the spirit could answer questions otherwise than by yes and no, we proceeded both with vocal and mental questions.

*Question.* (vocal) Will the spirits communicate?

*Spirit.* Yes.

*Q.* (vocal) Whose spirit it writing now?

*S.* William Basset's.

*Q.* (mental) William, how many brothers has J——?

*S.* Yes.

*Q.* (mental) Where does the oldest one live?

*S.* No.

*Q.* (mental) Are they both married?

S. Yes. (This was incorrect.)

Q. (mental) How many sisters has he?

S. Yes.

Q. (mental) Who married his sister?

S. Yes.

Q. (vocal) Will the table tip?

S. Yes.

Q. (vocal) In how many minutes?

S. 10. (The spirit used figures.)

Q. (vocal) Will the spirit write it in letters?

S. Ten. (Here the company went to the table and sat half an hour, but it would not tip.)

Q. (vocal) What has been performing here to-night? (Here the pencil wrote something which was probable meant for "spirits," but it was nearly illegible and looked more like the word "infernal.")

*Medium to the Spirit.* That isn't good; can't you write a little plainer?

The pencil then wrote after the former word very distinctly, S-p-i-r-i-t-s, "Spirits;" whereupon we took the slate and read the communication to the company, "Infernal Spirits." It was obvious to those present that the "infernal spirits" did not stand very rigid testing.

Putting together these with other facts, therefore it was clear that the knowledge of the medium and the chances of conjecture, had some connection with the correctness or incorrectness of the answers; in short, that the communication came from living souls in this world, not from "infernal spirits" of the other. And yet, the high and irreproachable character of the mediums compelled us to believe that their actions were not voluntary. The question then remained, Can the mental states express themselves in muscular actions *without* the intervention of the will?

The table-tippers and spirit-writers have developed one great truth, which, though previously known in special applications, has only recently seemed to receive a full general acknowledgment, and that is this: Not only the will, but every other function of the mind is a natural stimulant to the muscles, competent, when acting with the will, to give it double effect, but also able to act without it and produce *intelligent involuntary actions*.

Undoubtedly the clearest development of this principle is seen in the muscles of the countenance. These are handed over almost entirely to the involuntary class, and almost all their action is in response to the stimulus of thought and emotion; there is no volition, no consciousness of their action. It is certain, therefore, that thought and emotion, as well as volition, have control over muscular power.

We hold that every muscle in the body is subject to the same influence, and that the reason why we do not notice it, is because the superior powers of volition masks the effects of the other mental functions. If this is true, then we should expect that by giving these functions a relative preponderance over the will, they would re-assert their motor power and bring the muscles under their control. This may be done by giving the emotions unusual power, as in terror or in pain, the involuntary writhing and recoiling of which are too familiar; or it may be done by concentrating the thoughts on a particular action and withholding the will. This is the method of the mediums, and by it they secure action which corresponds to thought without volition.

Normally, however, this power acts in conjunction with the will. This is the triple strength which nerves the limbs of men under intense excitement—the superadded force which renders them competent to meet great emergencies. We often see at a fire instances where men, with a very slight *voluntary* effort, will pick up and carry off a piece of furniture which they could not lift in their cooler moments. A striking instance of the tremendous energy of this superadded force occurred in one of the old Scottish wars. A soldier struck a horseman with a battle-axe with such violence, that the weapon at one blow clove down through the rider and his horse, killing both, and then broke a paving-stone beneath.

The common experiment of a few persons lifting another on the tips of their fore-fingers is another instance. Standing around, they all take breath together, and at a given signal they blow under the person to be raised, when he rises like a cork. So striking is the result, and so little is the consciousness of exertion, that the operators often imagine that the person is raised by the breath they blow under him, and not by their fingers. It is obvious, however, that the sole use of the breath is to be a signal, and by the formality of the preparation, to concentrate their thoughts intently on the desired action.

Here, then, we have the power for producing the spiritual manifestations, viz.: muscular power without volition, and without distinct consciousness. It now remains to show how involuntary power can produce intelligent actions, which is quickly done.

The most striking law of this involuntary force is its tendency to execute whatever motions the mind dwells upon, even contrary to the will. Who has not felt the irresistible disposition to move his head when sitting for a daguerreotype, simply from fixing it so strongly in mind that that motion must not be made. So in the above cases of excitement, the superadded force comes in to execute the movements upon which the mind is intent: hence it coincides with volition. The case is the same in a thousand instances in life where a vivid conception of an action causes an unconscious



imitation of it. It is seen also in skilled musicians, in whom the mere desire to have a certain note prompts the requisite motion of the fingers without any consciousness of volition, and it is remarkable that this involuntary style of action gives a more delicate and perfect execution than acts of mere will.

Now the Spiritualists have the merit of having demonstrated that this involuntary power may be separated from the voluntary, and made to act alone; and also that the thought or wish of any motion is as efficient as willing the motion. This is the whole mystery of involuntary writing and tipping. Any sensitive person may try the experiment for himself. Take a pencil in the hand, and without any support for the arm, hold the point lightly on a sheet of paper until the hand begins to twitch and tremble with nervousness and fatigue—a little superstitious awe will help—then looking earnestly at the pencil, picture in your fancy vividly the letters you wish to produce. If you are of a nervous temperament, you will now feel an involuntary impulse of the hand in the requisite directions, and by perseverance and repetition, you may in a little time become a writing medium, a telegraph operator for the devil, as Beecher would say, but really, one over whose muscles fancy has usurped the place of will.

We have proved this by actual experiment, and have been able ourselves to write involuntary communications. Table tipping is still easier.

Since writing the above we see by the journals that Dr. Carpenter, of England, has put forth an essay in which he proves that other acts of the mind than the will may control the muscles. We have also just received a letter from Dr. John C. Norton, a highly intelligent physician of Illinois, in which he says: "In regard to the writing I have probed the matter to the very bottom. I have been a writing medium, and can demonstrate by an analysis of my own mind while engaged in receiving communications, that the spirits of the dead are not at all concerned in it. I do not take the ground that it is all imposture; in fact I know better. *The will has nothing to do with the actions performed, and yet they are all the work of the mind.*"

We are perfectly aware that unexplainable stories are every day told, but they vary of two things; first, of phenomena not rigidly tested, and secondly, of second-hand statements. We have in our investigations detected eye-witnesses of the very highest integrity, in egregious false statements in consequence of their excitement.

In conclusion, we give it as our own impression, that the claim of "spirituality" for the "manifestations," is an unmitigated humbug, and we are willing to test it with any decent medium that dare try it. We will ask twenty plain and fair questions, and we defy any medium in or out of Michigan to answer them all



correctly, either by writing, rapping, or tipping; and we will set a suitable table in our room, and after we have taken the proper measures to prevent the application of muscular action and mechanical force, we defy all the spirits out of Pandemonium to move it a single foot.

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*On the Internal use of Plumbi Acetas.* By W. JOHNSON, M D.,

The discrepancies of medical testimony, with respect to the value of therapeutic agents, are frequently so great as to extort from us the humiliating confession "*ars nostra conjecturalis est.*" This truth is strikingly demonstrated in the article now under consideration. By one set of practitioners it meets with unqualified reprobation as an irritant poison; by another portion of the profession it is highly lauded as a perfectly safe remedy, and one possessed of most invaluable powers. How are we to reconcile such contrariety of views? Only by making allowance for lack of faithful observation, patient investigation and matured conclusion. Truth often lies between extremes.

It may be useful to examine the merits of this controversy, and hear the allegations of both sides. The limits of an essay will not, however, permit me to go into an elaborate examination of the mass of testimony on this subject, and perhaps we had better let a few on each side, be the exponents of the views of their respective parties.

Hear first the negative side, in the person of Dr. Meigs, the learned professor of Jefferson Medical College. "Sugar of lead is thought to be a very powerful article in the treatment of these hemorrhages. I do not like it, nor do I believe much in it; perhaps I have not dared to give it in excessive quantities, and having very rarely exhibited more than three grains in combination with opium, for the dose, I am not sensible that I have ever been much struck with its hæmostatic powers, though I have made use of it many times, yet less frequently of late than in former years."

The late Professor Hosack, of New York, if I am not greatly in error, reprobated, altogether, the internal use of this article.

Here is strong and weighty negative testimony, and dogmas emanating from such sources must have had a controlling influence on American practice, and lead has not consequently been administered in the United States with so bold a hand as by our transatlantic brethren. The names of Hosack and Meigs are in themselves a host; but "*magna est veritas et prævalebit.*"

Therefore, let us hear what is said on the opposite side of this question. First, with respect to the safety of the article. Dr.

Henderson, of Edinburgh, gave in bronchitis, to restrain inordinate secretion from the bronchia, four scruples of the lead in ten days, to a child of six years of age, without any unpleasant effect whatever. The blue line on the margin of the gums was noticed, but no constipation of the bowels took place.

Surgeon Kirby, of Dublin, prescribed one grain of acetas plumbi every two hours, in a case of diabetes melitus, and with very good effect. The medicine was taken for one month.

Surgeon Sweeting states "that a woman was admitted into Guy's Hospital, having swallowed one and a half ounces of sugar of lead, dissolved in water, from which she recovered and left the hospital in five days."

"Mr. Gorrington reported two cases in which two girls swallowed by mistake, one ounce of acetate of lead, and another in which a girl swallowed one drachm, and all recovered."

"Dr. Hinding gives a case in which a girl swallowed three drachms; she too recovered."

"Dr. Iliff records four cases in which individuals swallowed each an ounce of the acetate of lead; and Dr. Evans one, in which three drachms were taken, and all in a very short time recovered."

All these cases go to show in a very remarkable manner, that the danger from the internal use of lead has been overrated.

Surgeon Sweeting records a case in his own practice, in which he administered five grains of the acetate, by enema, to a child of seven years of age, laboring under typhus, in which profuse hemorrhage from the bowels was promptly arrested, and the child fully recovered.

In uterine hemorrhage he gives the article with a bold hand. In one instance, five grains were repeated every hour for forty-eight hours, and it was then given every four hours, and continued for a fortnight with good effect. In this case the patient took in sixteen consecutive days 576 grains of the lead.

Nan Swieten, he tells us, administered sixty grains daily, for ten days. The largest single dose administered by the reporter, was twenty grains. He states that Mr. Daniel gave ten grains three times a day, from which he saw no other ill effect than a slight colic.

"The boldness," says our reporter, "with which I have administered the acetate, is not the result of mere speculation, nor of observations made in one month, or one year, but rather of patient and careful watching for the long period of *fourteen* years, during which time I have never met with an instance, in which the ill effect usually ascribed to lead have followed the administration of it." He advises the article to be given in simple distilled water.

Dr. Reginald Burridge, senior physician of the Somerset and Taunton Hospital, gives an interesting case of a young lady who

attended upon him in an epidemic dysentery. She was attacked with profuse hemorrhage from her bowels. "When arrived at the house he was shown three large evacuations; the first two contained a pint each, of loose coagula, the third was a solid coagulum, fourteen inches long, and formed a complete mould of the colon. She was cold and pulseless, the eyes fixed and glazed, the tongue cold, and the cold damps of death had already descended upon her. The anæmic state was very marked, including the rare and sighing, almost sobbing, respiration."

He gave her a couple of teaspoonfuls of brandy, with a few drops of hartshorn, and very soon a scruple of the acetate of lead. She soon passed another coagulum, and he immediately gave her a small starch enema containing half a drachm of lead. In a short time he gave the second scruple of the acetate, and in one hour after the third scruple. She convalesced without further hemorrhage, and without any unpleasant symptom, and completely recovered.

Dr. BurrIDGE relates another interesting case. It was that of an old soldier of eighty years of age, who passed daily large sphacelated portions of the colon and rectum, the mutilated intestine protruding through the anus in large gangrenous shreds like the fingers of a glove. Eight grains of the acetate every three hours, with the local use of the article, acted like a charm, and restored the old man to as good health as is ever enjoyed by a person of this age.

Dr. BurrIDGE states, that during twenty-one years of ample experience with the article, he has never witnessed a single untoward symptom from its therapeutic use

The doctor always gives the acetate in a fluid form; *never* without acetic acid, and very rarely without Battley's liq. opii sedativ. His large hospital practice has enabled him to determine that the efficacy of the article is increased by combining it with opium.

The last two authorities which I have quoted—namely, Surgeon Sweeting and Dr. BurrIDGE, bear most satisfactory testimony to the great remedial powers of the acetate plumbi, and their united experience, extending over thirty-five years, goes far to establish the safety of the therapeutic use of the article. They both declare that they never in their hands, witnessed one single unpleasant effect from the use of the article. It should be borne in mind too, that they gave maximum doses of the acetate, and continued its use much longer than would generally be thought either safe or prudent.

My own experience will somewhat qualify that of these two eminent men, particularly with respect to the safety of the article.

I have for more than forty years prescribed the acetate plumbi,

and with undiminished confidence in its remedial powers. I wish, however, that I could add that I have never witnessed any unpleasant consequences from its administration. Four times have most painful solicitudes been awakened by the production of saturnine disease, from the internal use of this article; twice in the form of colica pictonum, and twice in that of paralysis. These results have rendered me more cautious in the use of the article, but have not diminished my faith in its remedial powers. The first of these adverse cases occurred about thirty-five years since. The patient had had two or three attacks of hæmoptysis for which I prescribed the acetas plumbi, and with most decided benefit. She resided about five miles from me, and after her recovery from her last attack, I left a quantity of the medicine with her, that she might use it if a return of the disease should render it necessary before I could visit her. She experienced some promonition of a return of the hæmoptysis, and thinking that the article might possess preventive, as well as curative powers, she commenced taking it, and continued so long with it as to produce a most violent attack of colic. For several days her sufferings were very great. Her disease yielded to sulph. magnes. and opium, and the irritation had been so completely transferred from the lungs to the intestinal canal, that she had no return of hæmoptysis, nor has she had to this day.

The next case of ill effects from the lead occurred in a female patient near the climacteric period. It was prescribed for menorrhagia. The lead was used for some time. The attack of colic was very severe, but yielded to the same treatment pursued in the former case, and with complete success, though not until after the lapse of several days.

The third case was menorrhagia. The acetas plumbi was used about a fortnight. The bowels became confined, but pains, something like neuralgia, seized upon the loins, back part of the pelvis, and upper part of the thighs. They were most excruciating, and were attended with considerable loss of motor power in the muscles, which were the seat of pain. The case was treated as the former, with the addition of frequent cupping and anodyne liniments. The case was not very protracted, and the recovery was complete.

The fourth and last case was also menorrhagia. The regular turns of the catamenia were very protracted, and the discharge was so profuse as to blanch the patient. The lead was prescribed, and used for more than a fortnight. Severe pain, resembling neuralgia, was experienced in the loins and down the thigh, following the course of a sciatic nerve, together with great loss of muscular power. One side was more affected than the other. The characteristic blue line at the margin of the gums, indicative of consti-

tutional impregnation with lead, was present is this case in a very remarkable degree. The case was treated as the last, and with complete success, and was not very tedious. The condition of the catamenia vastly improved.

I have never used the lead with so bold a hand as have the practitioners of Great Britain. I never, but once, gave a drachm in twenty-four hours. My usual manner of prescribing the article, is to give three grains every twenty minutes or half hour in urgent cases, say post partum hemorrhage—hæmoptysis, &c., until an effect be produced. In ordinary cases, I give it every two, three or four hours, generally combined with opium, but of late I have used the article alone. I have prescribed the acetas plumbi in diarrhœa, dysentery, and cholera infantum with very pleasing results; but it is in the hemorrhages that I have most frequently employed the article. In hæmoptysis there is no article to which I am more partial. In epitaxis, too, I have seen most excellent effects from the employment of the lead. But it is particularly in uterine hemorrhage that I have witnessed the powers of the acetas plumbi. In a practice of more than forty years, I have never lost a patient with uterine hemorrhage; either simple menorrhagia, post partum, or unavoidable hemorrhage. I state not this in the spirit of self-commendation; but cannot forbear recording it as a grateful remembrance of the good hand of my God upon me.

In the treatment of all these cases, I have trusted more to the acetas plumbi, than to any other therapeutic agent. But the tampon, the introduction of the hand in utero, cold applications, &c., have been used in their appropriate places. In post partum hemorrhage, I often give the ergot in preference to the acetate of lead, but I also frequently administer them conjointly. The indication in these cases evidently is, to diminish the calibres of the uterine vessels, and to render them more tortuous, and thus throw impediments to the exodus of the blood; this alone can be effected by the active contraction of the womb, and ergot is well adapted to the fulfilment of this indication. I also give the preference to ergot in ante-partum hemorrhage, *when the period of gestation and the state of the os uteri indicate such preference*. But in very many of both these sets of cases, well directed manipulations with the hand in utero is the measure best calculated to insure the safety of the patient.

I have sometimes too, in simple menorrhagia given the preference to *monecia*, which by the by I consider a most invaluable article. I have also used the tannin with most pleasing effects. These articles should be given in as large a dose as the stomach will well bear. The ol. terebith. and sulph. alum. I have also used with decided good effect. I have used and still do use the

foregoing articles, but my partialities are towards the lead. In some cases of hemorrhage we have no good substitute for the lead. I allude particularly to those fearful discharges of blood, which sometimes occur in enteric fever. Lead is here a host, and should be given with the most liberal hand, both per orem et anum. The ol. terebinth. is also a useful adjunct in these cases.

But I have extended my remarks farther than I had intended at the commencement.. Indulge a few inferences, and I have done.

1st. Lead is a valuable therapeutic agent.

2d. The danger from the use of it has been overrated.

3d. It is not innoxious.

4th. Therefore the patient to whom it is given should be carefully watched, and as soon as the blue line of Burton makes its appearance, let the article be discontinued.

5th. There appears to be no more danger from large doses of the acetas plumbi than from smaller ones—contrast my experience of the article with that of Sweeting and Burridge.

*White House, Hunterdon County, N. J.*

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From the Western Lancet,

*A Case of Acute Rheumatism Treated with full doses of Quinine, By W. M. Houston, M.D., Urbana, O.*

ON Wednesday afternoon I was called to visit Miss G—, eight miles north-east of this place. On my arrival I obtained the following history of the case. The patient (16 years of age) was attacked on the previous Saturday with acute-rheumatism of a very severe character. On Sunday Dr. Johnson was called in, and for three days applied the usual remedies for rheumatism, viz.: bleeding, mercurial purgatives, opium, tartar emetic and colchicum, without any good effect; in fact the patient grew worse from day to day, until I first saw her, when she was unable to move hand or foot; as the least motion caused extreme suffering. Her pulse was one hundred, and strong, joints somewhat swollen and slightly red.

What course to pursue with a prospect of affording relief, after the failure of nearly all the anti-rheumatic remedies, was a question in regard to which physicians might well be excused for differing in their opinions. Dr. J. was in favor of further venesection, and taking the pulse as a guide, this measure seemed not only warranted but positively indicated. As, however, she had already been bled twice, I was fearful metastasis might result from the further loss of blood. I suggested the following treatment, (which,



although seemingly empirical, was acceded to by Dr. J., as the usual remedies had most signally failed), viz.: 8 grs. quinine, 2 grs. opium, and 2 grs. ipecac every third hour, unless symptoms of narcotism should supervene; chloroform liniment to be applied to the joints; lemonade to be drank freely. I agreed to see the patient the next day, but being called in the night to attend an obstetrical case, (eight miles from town, in another direction), again until Sunday morning, when I learned that in the course of the first twelve hours she took 40 grs. quinine, 10 grs. opium, and 10 grs. ipecac; used 1 oz. liniment to the joints, but did not use the lemons. She rested well through the night, and in the morning felt greatly relieved. During Thursday and Friday she took about 20 grs. more of quinine, and enough colchicum to open the bowels. When I saw her on Saturday morning she was able to walk about the room—was entirely free from pain; pulse reduced to 70, of moderate force, and with the exception of a slight stiffness of the joints there was no evidence that the patient had ever had an attack of rheumatism.

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From the Medical Examiner

*A Singular Case of Delirium Relieved by Chloroform.* By C. J. POPE, M D., of Alabama.

What I propose on the present occasion is, to direct attention to the internal administration of chloroform in all cases of exaltation of vital action, dependent on nervous excitability.

The effects of this remedy in the case recorded below, although a solitary one, were so marked and salutary, that my mind was brought to the conclusion that in all similar cases its effects would be no less striking.

About the first of February I was called in haste to see a lad, of about fourteen years of age, who, immediately on rising from his bed, at a very early hour in the morning, and before it was entirely light, went under the dwelling of his father for the purpose of getting the eggs out of a hen's nest, in a hole of a considerable depth, scratched out by the dogs. On getting into the hole, which was in depth about two-thirds his entire length, the hen which he had not supposed to be on the nest at that early hour, flew into his face, and this circumstance, together with that of his hold breaking, on attempting quickly to recover himself, so frightened him, that spasms of the most violent character were the result. I saw him in half an hour after this happened, and at once opened the temporal artery, and bled him two ounces, which, however, had



no effect in controlling the spasms. In a few minutes after the blood was stopped, I gave him an injection of tinct. of lobelia. In five minutes the violence of the spasms seemed to be slightly controlled, but returned again in ten minutes more. The lobelia was again administered with the same partial effect, which lasted about the same length of time. Foiled in all my efforts thus far to arrest the spasms even temporarily, I had recourse to many other antispasmodics, but to no effect. The spasms continued for thirty-six hours, at the end of which time they passed off, and left him in a most singular state of delirium, which lasted seven or eight days without a lucid interval.

Large doses of opium and camphor would partially quiet him for an hour or two, but the delirium invariable returned. Finally, having given up all hope of his recovery, I resolved upon the following prescription: *Aquæ camphoræ* ℥ii, tinct. *valarian* ℥ii, *chloroform* ℥i, mixed. Of this I gave him a tablespoonful, and in five minutes I perceived indications of quietude. I waited one hour and a half, at the expiration of which time I found symptoms of returning delirium. I then gave him a second and rather larger dose. In ten minutes he was quiet, in twenty-five minutes I had the satisfaction of seeing him in a fine sleep, which lasted all night, (it being then about ten o'clock,) and out of which he awoke on the following morning, entirely restored in mind, without any consciousness of what had transpired during the eight days of his illness.

His convalescence was prompt, and his recovery perfect.

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From the Southern Medical and Surgical Journal.

*Chloroform in Obstruction of the Bowels from Spasms.* By J. D. CAIN, M.D.

Every physician meets, in the course of his practice, with cases of obstruction of the intestines, which has come gradually or suddenly, generally from some cause of irritation existing in them. The obstruction of these cases consists of a spasmodic contraction of a portion, or of portions of the intestines, generally the small. The plan I formerly pursued was, to cease all attempts at forcing a passage by means of cathartics, if one or two brisk cathartics failed, and to resort to opium freely, enemata of warm water, melted lard or butter, sweet oil, &c., the warm bath, fomentations of the abdomen, and other means of producing relaxation. For more than two years I have used chloroform, as a more powerful agent than opium, and its preparations, and as more certain in relaxing the muscular system. The chloroform administered in

greater or less inhalation, soon produces a greater or less degree of resolution, and taking advantage of the relaxation thus effected, I give enemata, either stimulating, mucilaginous, or oily, which in a short time bring away all faecal matter. The inhalation may be repeated as often as in the judgment of the physician the case demands.

Chloroform possesses the immense advantage over opium, of relieving effectually and promptly the pain, and in not leaving the bowels in a constricted state, the sedating effect soon passing off.

Seven cases have thus been treated by me with highly satisfactory results. In one case only have I experienced any difficulty in inducing the requisite degree of relaxation of the bowels. The subject of this case was very slightly susceptible to its influence; but the pain was completely relieved by frequent inhalations, and the obstruction gradually overcome.

From the New Orleans Monthly Medical Register.

*City Mortality.*

In another page will be found our record of the mortality for the year ending August 30th.\* The large increase of deaths over that of the previous year is startling, and chiefly confined to our class of Zymotic diseases, among which Fevers, and, pre-eminently Yellow fever, exhibit the most marked gain. Another feature is obvious on comparing our tables of the year just closed with its predecessor, in the wide difference exhibited by our endemic yellow fever. While we record in the latter 10 deaths from this fever for July, and 68 for August, we, for the same months of the present year, show an increase beyond, we had almost said, the power of figures to express—an increase, at least so astounding, as to fix the attention with a view to the elucidation of the causes of this enormous difference. Why is it that in '52, on the same soil, among the same population, under the same climatic influences, the same disease, felt in its most benign forms and scarcely attracting notice among the current events of the passing hour, becomes in '53, a deadly pestilence, scattering death, dismay and suffering among our affrighted population? What is it that has so changed the character and increased the fatal influence of this terrible scourge? The true and satisfactory solution of this question involves to a greater degree than is generally believed, the future interests and well-doing of this community, while it offers a point of purely professional interest, which we trust to see fully investigated and determined. There must be some great and powerful influences in operation to produce results so unequal and contrasted. What these are and what their origin and mode of action become to us, under the present circumstances, scarce yet recovered from the shock of such appalling mortality as we have lately witnessed, matters of general and momentous interest. They surpass in the importance of their claims on the intelligence and humanity of our citizens, on the spirit and devotion of our public authorities, and on the skill and knowledge of the medical profession, all other matters of public or general concernment. For it must be obvious, even to the most casual observation, that unless the salubrity of our city keeps pace with the efforts making to widen its points of contact with our interior country, to multiply its resources of trade and to augment its wealth and industry, we shall be destined to reap the disastrous fruits of wasted labor and capital, and to see hopes wither, which, in view of the felicitous changes the future was garnering up, reconciled us to the exactions of a heavy and burdensome taxation.

\*Total deaths during the month of August, 5707.—Yellow Fever, 4793.  
Returns still incomplete.

These sacrifices will all have been incurred in vain, if the future is to be rendered uncertain by the recurrence of such cruel visitations of disease, and life and health hazarded in so inhospitable a clime. So apparent is all this, that we cannot see how the capitalist who has risked his money in investments, or the merchant who has effected his plans for the demands and supply of trade, or the laborer who counts on making his labor and time valuable, or the professional man who finds the true theatre for his skill and learning in an active, busy and progressing community, can fail to discover in our late disastrous affliction a common and overshadowing evil adverse to the hopes and calculations of each, and appealing to a common sense of self-security for its abatement. Emphatically at such junctures in the history of social bodies do questions relating to their physical health and well-being rise to a magnitude beyond all others, claiming consideration at the hands of the wise and philanthropic. We hope, therefore, to see this matter so pressed on the public attention, as ere long by the anxieties it will awaken, and the enquiries it will cause to be instituted, we shall be better prepared to encounter another summer solstice with assurances that will give quiet to apprehension, and such guarantees to the public health, as are within the province of a high moral probability and the deductions of a rational science. Until something like this be done, until the origin of the late pestilence is fully and fairly traced, and its line of march and mode of diffusion determined upon such evidence as would satisfy a candid and unbiassed mind, all hasty and precipitate action should be deprecated. Opinions formed under the excitement of great public distress are too apt to be partial and defective. When the causes of a destructive pestilence, and even its essential nature lie so deep and beyond the general experience of those best informed in matters of this nature, it would be the last act of folly on behalf of the authorities to institute measures of prevention or relief that may prove inadequate or unsuited to the end sought. And here occur the first and main points to be settled in our investigations of this subject; viz.: what is yellow fever? and secondly is it contagious? We are not going into a discussion at present of either of these issues. Neither our space or inclination, in the absence of all the main facts touching the late pestilence, will warrant this. We are free to admit, however, that there is much to be said, and cogently and logically said, on points that have heretofore been regarded as the *res adjudicata*, the settled doctrines of the profession thereon. If at a blush, and confining our view only to the phenomena we have just witnessed of its origin, (such as is commonly believed, but which needs the most thorough scrutiny, in our judgment, before it is accepted), and its modes of spread in our city and those places in daily and direct communication with it, we should ven-

ture the notion of its being something beside, something in addition to our ordinary form of endemic yellow fever, and that in diffusing itself slowly and surely along the common routes of travel and intercourse, it claims alliance to contagious disorders; we should hardly do violence to the truth of first impressions. Yet the question returns upon us, if this be so, wherein lies the difference between it and our endemic yellow fever, which, in the months of July, August, September, October and November last, numbered only 464 victims, which showed no power of self-multiplication, nor agency in its spread that could suggest any property in common with contagious disorders. Both forms commenced alike, run their course alike, and terminated alike—both presented the same symptomatology and the same morbid results, death with black vomit and yellowness of the skin—sensible changes in the condition of the body, which suppose a common pathology for both. Have we not encountered here, at the threshold as it were, a difficulty which can only be overcome by patient investigation and by impartial sifting of all evidence relating to the subject. If they be different diseases, in what consists this difference? Surely not in the fact of a difference in origin, or manner of diffusion, or both. This would be assuming as true the very point at issue—on error in logic, but too common with those who reason from a partial and limited number of facts. Is any one prepared to show the origin of the late pestilence, to give us the history of the first case, its communication with an admitted source of infection, and the spread from it as a centre, of its deadly energies throughout our community, our State, our entire Gulf Coast, from the shores of Florida to the bays and harbors of Texas? If after all this has been done, can the next step in the proof of its distinctive character, and its possession of a contagious property, be as satisfactorily determined—viz.: to show an authentic example of its having been communicated by the transmission, mediately or immediately, of a virus derived from the diseased, by inoculation with the blood, or with the morbid secretions from the fluids?

Yet all this is essentially required by the defined and accurate professional judgments of the day, in order to meet the condition of diseases in themselves contagious and as contra-distinguished from epidemic disorders. Again, in becoming so wide-spread, so literally and truly epidemic as we observe of the late pestilence, are there not involved in the very terms themselves, conditions external to the disease, conditions of atmosphere favorable to its diffusion, and without which the disease would assuredly cease. How else and with what seeming propriety can we limit its duration to periods of time marked by high temperature, or recognize the power of cold or violent atmospheric commotions to arrest it? If the virus exists and it be thus subject to atmospheric states for its

very powers of increase and spread, are we not met by difficulties greater and more obscure than that which concerns the proof of its contagion? Obstacles of this nature meets us at every step and suggest the wisdom of duly weighing every tittle of evidence that may be brought to bear on its investigation. We have thrown out these detached observations in the hope of eliciting a full and ample statement of all that may be positively known by any of our citizens bearing on this matter. It should be calmly and sophistically studied as a great question of social economy, affecting the arrangements and relations of society in their most extended sense. It concerns directly the present happiness and moral being of every individual of us and remotely and in the future, the destinies and welfare of our children's children.

As a purely professional question we have no cheering or abiding hopes that it will be discussed in a spirit so as to ensure harmony and uniformity of opinion among the votaries of the profession. The nature of medical evidence is such as to forbid this. But whatever may be the differences of opinion, it is but proper we should have all the facts pertaining to this issue. To do this fully and satisfactorily, our public authorities should institute a Commission of competent persons, to collect all the incidents of its recent outbreak. It should be authorized to summon witnesses and to compel attendance, just as in matters of preliminary investigation, before a committing magistrate. It is essential that the whole truth be known, if it be desirable to base on the results of the investigation, measures at once novel and contradictory to our past usages and experience. Wise and proper as this caution may be, however, it must be borne in mind that duties of a character altogether different devolve upon us. If it should be determined upon ample and accurate evidence that the peculiar virus of yellow fever is something transportable with the body of the sick, or with his clothes, or through the medium of merchandise, or in any tangible shape whatsoever, it must not be forgotten that the virus must find accessaries in the localities of communities, in their meteorological states, and in the susceptibility of their population in order to multiply and diffuse itself. Carried to latitudes beyond its prescribed and accustomed geographical limits, and it dies out or becomes inert and inoperative. This is but too apparent to all who are conversant with the history of the pestilence—in fact it is but one example of what seems to be a law of nature in regard to epidemic disorders. We should no more expect to see yellow fever prevail in high and northern latitudes, than to see typhus rage in inter-tropical lines, the cold of the one like the heat of the other region, at once and effectually extinguishing them. Our enquiries may then be said to have only begun when we shall have ascertained that we owe to a foreign source the origin of our pestilence. We



must turn our eyes inward and learn if a sanitary police cannot be made useful in the removal of offals and the general filth, common to large cities—in the institution of ordinances, regulating the manner of draining and filling vacant lots, of paving streets, providing ample and pure supplies of water, of cleansing privies, of building shanties, the destined abode of our poor and needy population, and of closing the wretched rookeries, whose every hole and corner is crowded with human beings, to a degree and manner shocking to every sense of decency and propriety, and alarming from the gross infraction of the most essential rules of health. No one can deny that duties of this kind are within the province of our governing authorities. We have a fruitful element of disease annually accumulating in our midst, in the growth and increase of our foreign population. They bring with them not only bodies susceptible by their foreign birth to our endemial disorders, but habits and customs, as unlike and unsuited to our climate and usages. They come from wretched and crowded hovels, where want and filth produce pestilence, to our cities and towns, where they cluster in numbers as thick and live amid filth as gross as that they have escaped from. They come to find employment and ready remuneration for their labor, and they live like persons just released from the pains of famine. They eat and drink to excess. They violate by day and night every maxim of prudence, every safeguard of health. Surely this is most serious matter for consideration, for amendment, for reform. The fault may not be theirs—poverty and oppression at home may have caused much of this huge evil. They know no better. All the traditions of home and family record no variety to their woes. It was want, and privation, and suffering and filth before their day. It is the heritage they derive from their parents and friends—it is the sole accompaniment, the invariable attendants upon them in their pilgrimage to our shores. We must, therefore, look to their domestic relations, we must subject their social irregularities to control and discipline, if we wish to do them good service, and to exempt ourselves from the destroying ravages of a cruel pestilence. They must be taught to value not only the blessings of political freedom, which they gain by coming to our shores, but to learn how to value the higher blessings and comforts of a good, well ordered and salubrious home. One means to insure this will be to discourage by stringent laws the habit of sub-leases to tenants, which leads to overcrowding and to all the subsequent ills which attend on this. This is become too common an abuse of property among that class. A landlord rents his house and lot to one person, who sub-leases to a dozen or more families, the more the better for the original lessee—no matter what abuses result therefrom, and how the general and other interests are made to suffer. And generally, too, it is the old and



decaying property, whose rafters are undermined by time and grown green with mould, that thus falls into the occupancy of this class. As long as it continues decent, or comfortable, or safe, they are excluded by high rents, and a better class from its use. But let it wear by time and neglect till it totters, let it grow dank and unwholesome, let it become but little less than the sheds which house our cattle, and then it becomes the fit habitation for that portion of our population, who are content with all these discomforts, and who seek shelter there as naturally as bats do crannies and dark holes. But enough have we said on this topic. It makes the heart sick to witness the great suffering among this unhappy class. The neglect of society, the indifference of our laws, the aversion of our people to them, conspire with their disorganized condition and mischievous habits to keep perpetual the elements requisite to give malignancy to disease and facility to its spread. But there are other mischievous and hurtful usages which we tolerate apart from our foreign population. We have space to allude to but one, and that a huge and monstrous one. This is the manner in which our city authorities sanction the filling up of the land reclaiming by the changes of our river bed. A viler compost, one more abounding in disgusting offensive nuisances cannot be found anywhere. Standing on an evening after sunset, on any portion of our levee, one might realize something of the disgust of Coleridge at Cologne:

"He might count two-and-seventy stenches,  
All well-defined and genuine stinks,"

so thick and reeking are the odors escaping from those foul spots. They are the burial places of all dead animals, from a mouse to a horse, the common receptacle of the offals from every cook-shop and kitchen, of the refuse vegetables, bones and garbage of our market houses, and the sweepings of our streets. If the art of man could contrive anything worse than this we should like to see it. Yet we breathe this foul air, worse than the abattoirs of Paris, and wonder that we sicken and die. Rouse up we must and set our household in order, if the future is to be spanned with brighter hopes and stronger assurances. We will have to look more intently at home, more closely into our domestic habits, more narrowly into our social vices, more determinedly on the negligence of our laws, if we are to be any thing beside the immense lazarus-house the late pestilence has made us.

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*Eloquent Extract.—(Drake.)—(Scene—Fort Holmes.)*

When the observer directs his eye upon the water more than the land, and the day is fair, with moderate wind, he finds the surface as variable in its tints as if clothed in a robe of changeable silk. Green and blue are the governing hues, but they flow into each.

other with such facility and frequency, that while still contemplating a particular spot, it seems, as if by magic, transformed into another; but these mid-day beauties vanish before those of the setting sun, when the boundless horizon of lake and land seems girt round with a fiery zone of clouds, and the brilliant drapery of the skies paints itself upon the surface of the waters. Brief as they are beautiful, these evening glories, like spirits of the air, quickly pass away; and the gray mantle of night warns the beholder to depart for the village, while he may yet make his way along a narrow and rocky path, beset with tufts of prickly juniper. Having refreshed himself for an hour, he may stroll out upon the beach to listen to the serenade of the waters. Wave after wave will break at his feet, over the white pebbles, and return as limpid as it came. Up the straits he will see the evening star dancing on the ruffled surface, and the loose sails of the lagging schooner flapping in the fitful land breeze; while the milky way, Death's Path of the red man, will dimly appear on the waters before him. Behind, in the street, a lively group of Canadian French, of every shade of color between white and red, will gossip and shrug their shoulders; on one side, should the Indians, who still inhabit the shores of Lake Michigan, be on a visit to the island, he will hear the uproar of a lodge of drunken Chippeways, with the screams of women and children, and the cackling of frightened hens; on the other, will see the sober and listless Ottawa, sitting in silent vacancy of thought, on his upturned birch canoe; his wife within the tent, spreading cypress bark and flag mats upon the gravel, as lodgings for the night; while half a dozen children loll or play about the door, and as many half-starved dogs curl up among them. Surrounded by such scenes, the traveller begins to realize that he is a stranger; when suddenly, a new phenomenon appears and fixes the conviction. Every object becomes more visible; and, raising his eyes, he beholds the heavens illuminated with an aurora borealis, where he reads, in fantastic characters of strange and eccentric light, that he is, indeed, a sojourner in a strange land, and has wandered far from home and his friends in the sunny regions of the South.—*Dr. Meigs' Notice of Dr. Drake. p. 28.*

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*Obliteration of the Lacrymal Lac.*

M. Magne, proposes, in cases of fistula lacrymalis, to obliterate the sac in the following manner: He reports several successful cases.

"With a double edged knife I open the sac, and enlarge the opening, if there is a fistulous orifice; I enlarge or separate the lips of the wound with an instrument which I call *speculum*, or.

dilator of the sac, I dissect and clear out the interior of the cavity; I then introduce the porte-caustique, and cauterise particularly the orifices of the Lacrymal ducts. The speculum of the sac answers the double purpose of dilating the lips of the wound, and of preserving the caustic from parts which should not be touched. A simple dressing, daily renewed, is all that is necessary. The operation is easily performed, and can be done in two minutes, requiring no assistance.

The epiphora, which follows for some time, ceases either by the evaporation of the tears from the surface of the eye, or from some modification in the gland, the result of the loss of a part of the lacrymal apparatus.—*Compte Rendu.*

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The Queen of England has conferred the title of Baron upon Dr. Holland, one of her physicians-extraordinary.

We understand that Dr. G. A. Wilson, has received the appointment of Professor of Physiology and Medical jurisprudence in Hampden Sidney Medical College. Dr. Wilson is a Virginian; his views on medical education are liberal, and his abilities are highly esteemed by those who know him intimately. His appointment will doubtless contribute to the prosperity of the institution.

Dr. Fred. Robert Manson, physician-accoucheur to the Royal Pimlico Dispensary, was recently called upon to deliver a poor woman suffering from typhus fever. Dr. Manson had, at the time, a slight wound of the hand; through this wound the poisonous element was absorbed, erysipelas supervened, and death occurred nine days after the accident. The innocent cause of this distressing calamity has herself since died. Mr. Manson, whose untimely end we thus record, was a graduate in honors of the University of London, and a member of the College of Physicians.—*Virginia Med. and Surg. Journal.*

## EDITORIAL.

*Medical Societies.*

THE organization of District and County Medical Societies furnishes the most satisfactory evidence of the advancement of our science ; while at the same time it enables the members of the profession to act together in opposing quackery and in disseminating truth in reference to the great questions of life and death.

The physician, perhaps more than any other man, needs independence in thought and action ; the individuality of man is extended to his labors ; his habits of investigation, and his application of therapeutical rules are in most instances essentially his own ; each, therefore, in the discharge of his daily round of duties is accumulating a fund of experience, valuable, it is true, to himself, but equally or more valuable to others, from the fact, that his observations were made, so to speak, from a different stand point, his facts have been examined in a different light. It results from this, that in our individual observations, there are necessarily errors, but these errors are corrected by the observations of others : the truth is the mean.

We are gratified to see in our own North-West the spirit of progress manifesting itself in organization, by a desire to become acquainted with each others views, and to avail ourselves of each others experience.

During the last few months, as will be seen by referring to our Journal, Medical Societies have been organised in Illinois, Wisconsin, Iowa, and even Minnesota.

There are scattered throughout this vast extent of territory men of sterling worth, of cultivated minds and extension of knowledge, but the demands on their time, and the physical labor which they have to undergo in a country practice, leaves them little leisure or strength for recording their observations, and especially is this the

case when they have no particular inducement to do so. In their local societies these men have a plan to work; they are stimulated by meeting each other, and are armed with each others strength.

It will be remembered that the next meeting of the American Medical Association is to be held in St. Louis. Our Eastern brethren look to that meeting as an exponent of the talent of the profession in the West. Some of them think that the interests of the Association will suffer by going beyond the bounds of civilization almost, but if the members of the profession in the West do their duty, the meeting in St. Louis will show, that, though west of the mountains, we are not beyond the reach of light. We speak honestly when we say, we believe that no section of the United States is supplied with better practical men—men who, in addition to a knowledge of the theories of disease and of the methods of cure, are possessed of better common sense in the application of therapeutical rules, than in our North West. Let then the profession continue to organize, and when organizations are once formed, let them be kept up.

Many of the papers read in the local societies are valuable and should be preserved; two of the County Societies of Pennsylvania have recently united in publishing a journal made up of their transactions. In cases where this is not deemed advisable, communications of importance may be preserved by sending them to the publishers of medical journals already in existence. If all County and District Societies would adopt this plan, their transactions might be preserved in a form convenient for consultation by every member, while at the same time the professional public would be equally benefitted by the results of their experience and observation.

J.

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*Thoracic Aneurism.*

In the London Lancet for Sept. we find a report of a case of aneurism, probably of the arch of the aorta, forming a pulsating tumor in the anterior part of the chest, attended with severe cough and dyspnoea. The case was considered at first as one of Phthisis. The progress of the aneurismal sac was very slow, but after several

months the development was sufficient for the purpose of making a correct diagnosis. At the end of six months more the tumors were observed to be diminishing in size, until they finally disappeared, although the pulsations still continued, faintly over the locality. The cough was at first increased, but yielded to appropriate treatment.

J.

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*Small Pox and Vaccination.*

IN the London Lancet for September we find a review of the report of the Small-Pox and Vaccination Hospital, London.

The subjects discussed are :

1. Natural Small-pox.
2. Small-pox after small-pox.
3. Small-pox after vaccination.

The conclusions of the author of the report are as follows :

“ 1st. That the natural small-pox destroyed about one-third of all whom it attacked.

2nd. That small-pox after small-pox was of comparatively rare occurrence ; that a second attack of natural small-pox was rare, but not often fatal, and that protection seemed to be the law. That after inoculated small-pox an attack of small-pox had more frequently led to fatal results ; but there is reason to presume that the virus used for inoculation, like a great deal of the lymph used at the present day for vaccination, was often taken at too advanced a period of the disease, and thus did not afford the full measure of protection it was capable of affording if taken at a proper time.

3rd. That vaccination performed in infancy afforded almost complete protection against the fatality of small-pox to the period of puberty ; that a variety of circumstances conspired to make it almost impossible to ascertain exactly in what proportion to the vaccinated cases of small-pox subsequently occurred, or might occur, if all persons lived to an advanced age.

4th. That as a matter of safety it would be well for all persons who were vaccinated in infancy to be re-vaccinated at puberty ; this measure being more especially requisite for those who were either indifferently or doubtfully vaccinated in infancy, and still more necessary for those who, though vaccinated, had no cicatrix remaining. Finally, as a matter of precaution, it would be desirable that all persons should be re-vaccinated on small-pox existing in the house where they were residing—a precaution, however, that will cease to be necessary to advise when all persons have the benefit of proper and efficient vaccination.”

*Dr. Stephen W. Williams.*

WE find the following in an Eastern paper, and as we learn that Dr. Williams expects to make his home in future in our own State, we publish it in the Journal, at the same time congratulating the members of the profession in Illinois upon the accession to their ranks of a man so eminently qualified to do honor to our science and to secure for it the respect and confidence of the people.

—EDS. JOURNAL.

FRANKLIN CO. DIST. MED. COLLEGE.

The Fellows of this Society held an adjourned meeting at Shelburne Falls, Sept. 7.

The President, Dr. Williams, on taking the chair, announced his intention to withdraw his connection from the Society, in consequence of the contemplated removal of his residence, whereupon the following preamble and resolutions were unanimously passed:—

*Whereas* The Fellows of this Society have heard with regret the determination of Dr. Williams, just expressed, therefore

*Resolved*, That we cordially recommend him to the favorable notice of all kindred bodies, as an exemplary associate; and to the public, as a competent physician and surgeon, well versed in the principles of science and learning and a gentleman of unimpeachable character.

*Resolved*, That this Society express its regard for Dr. Williams by presenting him a gold watch.

*Resolved*, That he be requested to give to this Society a sketch of his professional life.

Agreeably to the second resolution a fine gold watch was presented Dr. Williams by Dr. J. Deane, accompanied by the following remarks:

Sir:—In behalf of the Fellows of this Society I present you this gold watch as an expression of our regard for your character as a gentleman and physician. By your varied attainments in learning and science and by your urbanity and punctilious decorum, you have ever won our confidence and respect, and it cannot but be gratifying to you to know that in all the intimate relations that have so long and so uninterruptedly existed between us, we have never entertained a suspicion of your integrity or your honor. It is therefore with sincere regret on our part that these relations are to be severed, but in going from us, you will unquestionably bear with you our fraternal sympathies and good will. Through the remainder of your useful life, do not doubt that these friends will, while they live, cherish your memory and exult in



your prosperity. With these sentiments we offer you this parting gift with the hope that it may measure to you many years of health and happiness and honorable age.

The reply of Dr. Williams was as follows :

Gentlemen :—I can scarcely give utterance to my feelings for the elegant gift of this gold watch as a parting token of your affection ; and for the flattering expressions of your regard for me. Next to the approbation of God and my conscience, is that of my professional brethren, for in the language of Burton, “none but a physician can judge with regard to the qualifications of a medical man.”

When I look upon this acceptable present—and it will be my constant occupation—it will not only remind me of the rapid flight of time, but also of your endearing friendship which I can never forget. With most of the Fellows of this Society I have long been on terms of intimacy and I trust we shall part with mutual good will. My warmest thanks are due to you all for the distinguished honors you have conferred upon me and for the confidence with which you have accepted my counsels and advice. >

This Society is dear to my heart. For many years I have exerted myself to establish it, and it affords me the highest pleasure to know that I leave it in the keeping of gentlemen who will honor it and themselves by their fidelity to it.

From early life I have been devoted to the profession of medicine and my love for it has been unquenchable ; I early put on the professional armor and have labored unceasingly and I hope not unsuccessfully. I shall yet wear it (and perchance die in it) on the lovely prairies of the West, and I shall look back upon your friendship with unmingled satisfaction and delight. In tearing myself away from my beautiful native town where I have resided more than sixty years, I feel that the ligaments of my heart are broken ; but the calls of duty urge me, and they are imperious.

In accordance with the last resolution, Dr. Williams gave a highly interesting account of his professional career, a copy of which was solicited for the archives of the Society.

The usual address was delivered by Dr. Cooke, of Wendell, which was received with zest and instruction and with the thanks of the Fellows. His subject was *Medical Delusions*.

The meeting was closed by a discussion on Dysentery, in which most of the Fellows participated, and was followed by a very excellent dinner served with taste and attention by the gentlemanly proprietor of the Shelburne Falls House. After requesting the editors of the Boston Medical and Surgical Journal and of the Greenfield papers, to publish these proceedings, the Fellows separated, delighted with their interview, not forgetting, however, that it was the last at which the venerable President would preside.

The watch was a heavy full jewelled English lever, of the value of \$100, and was purchased of Mr. Josiah Day. It bore upon its outside the following inscription :

STEPHEN WEST WILLIAMS, M. D.

President

Franklin Dist. Med. Society.

From the Fellows,

Sept. 7,

1853.

THE following we find in the Paris correspondence of the *National Democrat* :—

“HOSPITALS OF PARIS.—The Director-General for Public Assistance in Paris, has just presented to the Council of Surveillance his account for 1852. The report is preceded by a remarkable *memoire*, in which M. Davenne passes in review the dispositions which have been taken in that which concerns the service *des infans trouves*, and of poor orphans. We shall return to this important part of his work, which merits an examination the more attentive, since the question *des infans trouves* is still far from being solved. We shall, however, limit ourselves to throwing a hasty glance over the report now before us, and giving to our readers, after the official figures collected and put in order by M. Davenne, the sum of Parisian misery, and the budget of public assistance.

It is not with impunity that one stops to turn over the leaves of such a book, the forty and some odd pages of statistics, the eloquence of whose figures seizes the heart and makes sad the soul.

Behold a city, the first in the world, the capital of intelligence, where a quarter part of the population go to die at the hospitals or the *hospice*. Within a year, upwards of 90,000 sick have been treated at these hospitals ; 18,500 aged and insane gathered in the *hospices* ; 17,000 to 18,000 *enfans trouves*, or orphans, maintained ; and 78,000 indigent succored ! We give an account here only of that misery which is in some sort public, recorded in the grand book of assistance, and officially recognized by the administration. Sickness, the infirmities of age, vice, and indigence, these are the four great divisions of the fatal book, which comprises a fifth of the population of Paris.

In 1852 there has been expended 13,345,629 francs in giving assistance to all these unfortunates. In this budget, the hospitals comprise the sum of 3,801,976 francs ; in the *hospice* and houses of retreat, 3,780,249 francs ; the exterior service for the *enfans trouves* and their nurses, 1,653,584 francs ; the succor at private houses, 2,653,472 francs.

Though considerable as this budget appears, we are to remember that it is not entirely employed in the direct relief of the unfortunate. One is obliged to bring in the enormous personal expenses and of the general administration (1,587,319 francs), of buildings (502,403 francs), of diverse outlays for lodgings, etc. (342,430 francs), of expenses for inspection and exploration (343,204 francs), that is to say, nearly two million eight hundred thousand francs; so that more than a fifth part is found to be absorbed in these general charges.

It is not a reproach that we would address to the administration of public assistance in Paris; we know its devotion to the unfortunate and we make it our duty to render homage to its direction and the benevolence which illumines it. We know the multiplied exigencies of the service which comprehends within its radius, since the law of the 10th January, 1849, thirty-five distinct establishments. We know as to Paris, and it is not otherwise in the departments, that the general revenues of the *hospice* of France amounts to more than fifty-four millions, and that ten millions are absorbed in administration. But though justly—for the fact which we signalize results from a general abuse and an administrative vice inherent in the institution itself—we believe it necessary to call the attention of the Minister of the Interior to one situation evidently abnormal. Administration costs dear in France. The country is without doubt rich enough to pay this—*bureaucratie*. But the poor! ought they not, above all, to have right to manage their own?

The population *des hospitaux* of Paris is divided among nine general hospitals: the *Hotel-Dieu*, *Saint Marguerite*, the *Pitie*, the *Charite*, *Saint Antonie*, *Necker*, *Cochin*, *Beaujon*, and *Bon Secours*; six special hospitals: *Saint Louis*, *Midi*, *Lourcine*, *Enfants Malades*, *Accouchement*, and *Clinique*; and lastly, *la Maison de Saut*, du fauborg Saint Denis. These last six establishments contained on the 1st January, 1852, 5,641 sick; and there entered during the year 34,845, making 90,486 treated during the twelve months. The number who went out for reason of being cured or other causes was 77,776; the number of deaths was 7,201; so that there remained on the last day of the year 5,509. The mean number of beds occupied during the year was 5,753.

The total number of sick-days of the inmates was 2,072,670. The mean time of sojourn in these hospitals is 24,39; the expense of treatment of each 43fr. 75c.; and the annual expense of each bed 654fr. 69c. The cost per day did not reach 1fr. 80c.

The time of the employed forms a total of 582,630 days, that is to say, two employers for seven sick.

Five *hospices*: *Virilese*, men and women, *Incurables*, men and

women, and *Enfans Trouves*; three houses of retreat: *Ménages, la Rochefoucault, Saint Perine*; four foundations: *Boutard, Brezin, Devillas, Lambrechts*: in all twelve establishments, containing on the 1st January, 1852, 9,210 insane or aged. There entered during the year 9,290; 7,765 went out for various causes; 1,538 died; and there remained on the 31st Dec., 9,197.

The total number of days of administration to the insane, old, and infants, was 3,491,748. The days of the *employees* were 416,029; that is to say, two *employees* to seventeen subjects.

The annual expenses of each bed was 411f. 98c.; the average number of beds occupied 9,556, and the price per day 1f 13 nearly.

The mortality in the general hospitals was as 1 to 10:27; in the special hospitals as 1 to 19:44, and as 1 to 6:92 in the *Maison de Sante*. This is as 1 to 11:80 in all the establishments united.

Among the insane of the 3,662 the mortality was as 1 to 4:61; in the *hospices* and houses of retreat as 1 to 6:55, and in the founded *hospices* as 1 to 5:77; in all, as 1 to 5:93.

It is not without interest to search for the mean number of days those live admitted to these various establishments. M. Davenne has calculated that during the period of five years, from forty-four to forty-eight, the average life was five years, five months and sixteen days.

The number of *enfants trouves* and orphans received in 1852 was 3,033. Of these, 271 are supposed to be legitimate; 2,762 natural; 527 came from the *Maison d'Accouchement*; 280 from the hospitale of Paris; 2,154 were born in Paris; 244 out of it, and 98 were deposited without any cognizant mark. On the first of January there were being entertained 13,787; the number received during the year raised the sum to 17,880, and after deducting the number who left or died, there remained 13,829.

Finally, the indigent population inscribed at the *Bureau de Bienfaisance* comprises a total of 77,999 individuals, divided in 33,741 families; 46,766 adults."